



**YES NO**

- 9. Are you a fugitive from justice?
  - 10. Have you been dishonorably discharged from the Armed Forces?
  - 11. Have you ever renounced your United States citizenship?
  - 12. Have you unlawfully used any controlled substance in the previous 12 months?
  - 13. Are you currently addicted to the use of alcohol?
  - 14. Has a court, board, commission, or other lawful authority ever found you to be a danger to yourself or others?
  - 15. Has a court, board, commission, or other lawful authority ever ordered you to receive treatment for mental health reasons, or for other reasons, such as drug abuse?
  - 16. Has a court, board, commission, or other lawful authority ever found you to be incompetent to conduct your affairs?
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- 17. Have you ever been found incompetent to stand trial for any offense?
  - 18. Have you ever been found not guilty by reason of insanity for any offense?
  - 19. Are you a citizen of the United States?

**COMMENTS** *Please provide relevant information about your responses to questions 1-19, such as having been granted a pardon, a special restoration of citizenship with firearms rights, an order granting "Relief from Disabilities," or other relevant information:*

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**Authorization for Release**

I, *(print name here)* \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code Ch. 724 and Iowa Administrative Code 661—Ch 91, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my qualification for obtaining a permit to carry weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that information provided on this form is generally confidential and may be released as provided by law. I certify that all information, including supporting documentation, provided in this application is true and correct, and I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10(3) if I make what I know to be a false statement of material fact on this application or if I submit what I know to be any materially falsified or forged documentation in connection with this application.

I confirm that my school district will be provided information regarding the status of the permit including notification of any suspension, revocation, or denial.

I agree that the permit will be surrendered to the Iowa Department of Public Safety at separation of employment.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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**EMPLOYER AUTHORIZATION**

**EMPLOYER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Number Street Suite # City State Zip Code

**NAME OF SCHOOL ADMINISTRATOR** \_\_\_\_\_  
Last First Middle

**ADMINISTRATOR POSITION/TITLE** \_\_\_\_\_

**ADMINISTRATOR PHONE NUMBER** \_\_\_\_\_

**ADMINISTRATOR EMAIL ADDRESS** \_\_\_\_\_

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**ISSUING OFFICER (Commissioner of Public Safety)**

**APPLICATION**  APPROVED  DENIED **DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Verification that all educator training requirements have been met

**IF DENIED, REASON FOR DENIAL** \_\_\_\_\_

Commissioner of the Iowa Department of Public Safety **SIGNATURE** \_\_\_\_\_

**WRITTEN DENIAL NOTICE PROVIDED BY**  Personal Service  Mail **DATE OF NOTICE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year