## APPLICATION FOR IOWA EDUCATOR PROFESSIONAL PERMIT TO CARRY WEAPONS

TYPE OF P	ERMIT		Educator Prof	essional Permit							
□ New	□ Di	uplicate		Permit Numbe	r						
NAME						DATE OF	BIRTH	/	/		
_		Last		First	Middle		Month	Day	Year		
SEX (circle	one)	MALE	FEMALE		SOCIAL SECURITY	Y NUMBER (O	ptional)	-	-		
RESIDENC	E										
ADDRESS		Number		Street	Apt/Unit #	City	State		Zip Code		
	ADDRES			ce address ( <i>skip mailing</i> sidence address ( <i>comple</i>							
MAILING ADDRESS		Number	Stre	et (or PO Box number)	Apt/Unit #	City	State		Zip Code		
COUNTRY	OF CITI	ZENSHIP		IF <u>NOT</u> U.S. CITIZ	•	•			<b>F</b>		
				) #			D STATE OF ISS	UANC	Œ		
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					ALTERNATE PHONE (	<i>ορτιοπατ</i> )					
EMAIL AD											
names eve											
PERMIT TI	RAINING	G									
_		ty training ifle Associa		ng instructor certified by	☐ Armed forces sm from Active Duty	r) - requires do	ocumentation o	of hone	orable		
_		ty training rcement ag		ng instructor certified by	discharge OR ger 214, DD-256, NG			аріе сс	onditions (DD-		
			cement agend icer to carry a	cy firearms training cour a firearm	se Armed forces sm requires certifica						
Natura	al Resou	rce Commi		gram approved by the gun safety training is	☐ Handgun safety training course utilizing instructor certified by an lowa Department of Public Safety approved training organization.						
☐ TRAINI	ING EXE	MPT – Do	cumentation	that applicant holds or h	eld an Iowa Permit to	Carry Weapor	ns issued on or	after (	01/01/2011		
INITIAL E	DUCATO	OR REQUIR	ED TRAINING	G (Submit documented p	roof of training with ap	plication.)					
☐ Legal	training	3	☐ Emergence	y medical training	☐ Communication	training	☐ Live firearr	m trair	ning		
PERMIT EI	LIGIBILI	TY									
YES NO											
		-		ding for a felony?							
		-		ricted of a felony?	· · · · · · · · · · · · · · · · · · ·	c 1 .c			. 2		
		. Have you ever been adjudicated delinquent for an offense that would be a felony if committed by an adult?									
		Have you ever been convicted of an offense involving a firearm or explosive that is classified as a misdemeanor AND is punishable by more than one year of imprisonment (such as an Iowa aggravated misdemeanor)?									
		Have you been convicted within the previous three years of an aggravated misdemeanor OR serious misdemeanor offense under Iowa Code Ch. 708, including but not limited to assault, intimidation, harassment, hazing, or stalking?									
		5. Have you ever been convicted of a misdemeanor crime of domestic violence?									
	,					ng your intimat	our intimate partner, your				
			-	·	If VEC list the effect of	an and to be a		والعاد			
	8. A	re you cur	rently on pro	bation for any offense?	ii tes iist the offense f	or which you	are serving pro	וסוזהמנ	n:		

YES	NO	10. 11. 12. 13. 14.	Are you a fugitive from Have you been dishond Have you ever renounc Have you unlawfully us Are you currently addic Has a court, board, com Has a court, board, com reasons, or for other re Has a court, board, com	orably discharged f ed your United Stated any controlled stated to the use of a numission, or other numission, or other asons, such as dru	ates citizenship? substance in the previo alcohol? lawful authority ever followful authority ever of g abuse?	us 12 months? ound you to be ordered you to	e a dang receive	treatme	ent for i	mental	l health
				·	,						
	17. Have you ever been found incompetent to stand trial for any offense?										
<ul><li>18. Have you ever been found not guilty by reason of insanity for any offense?</li><li>19. Are you a citizen of the United States?</li></ul>											
COMM			Please provide relevant i restoration of citizenship	nformation about y			_	_		•	
				Aut	horization for Relea	se					
an low: nature. I under will be person( release I under informa convicte applica I confirm revocat I agree	conc a she rstanc cons (s) wh said p rstanc tition, ed of tion o m tha ion, c	ernii riff c I tha idero no n poerso I tha incl incl incl incl incl incl incl incl	ng myself, as required by the Commissioner of the tany information obtated in determining my quay furnish such information(s) from any and all liabut information provided uding supporting documents of "D" felony pursuant submit what I know to be school district will be pro-	ined which is deviualification for obtain concerning me ility which may be in on this form is generation, provide to lowa Code section any materially falsovided information did to the lowa Departion	724 and Iowa Administrat of Public Safety, whether the of Public Safety, whether the order of Public Safety or indirect and the state of the control of the control of the order of the order of the order of the order of the state of the order of Public Safety at the order of P	ectly, in whole y weapons in nable for provinishing such information and contact I know to be action in connection are permit included as expandion of expandion of expandion of expandion of expandion in connection are permit included.	or parithe statiding accommation sed as parect, a e a false tion with ding notification of the second of the secon	t, to any t, upon e of low urate inf n. provided nd I ur e statem n this app fication of	this reval. I also the second of the second	lease a so cert on, and than naterian.	zed agent of confidential authorization aify that any I I do hereby rtify that all t I may be I fact on this ion,
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			Number	Street	Suite #	City		State		Zip C	bde
NAME	OF S	CHC	OL ADMINISTRATOR	La	st	First			Midd	le	
ADMIN	IISTR	ATC	R POSITION/TITLE								
ADMIN	IISTR	ATC	R PHONE NUMBER								
			R EMAIL ADDRESS								
			ISSU	ING OFFICER (C	ommissioner of Public S	afetv)					
APPLIC	CATIC	N		DENIED		,,	DATE		/	/	
□ Veri	ificati	on t	hat all educator training	requirements hav	e been met			Month	Day	,	Year
IF DEN	IED, I	REAS	SON FOR DENIAL	· 							
			ner of the lowa Departr			SIGN	IATURE				
			AL NOTICE PROVIDED B		•	DATE OF I	NOTICE		/	/	
	0	41/		1 0130110130	iviali		_	Month	Day	/	Year