APPLICATION FOR IOWA EDUCATOR PROFESSIONAL PERMIT TO CARRY WEAPONS

TYPE OF PERMIT ☐ Educator Professional Permit

☐ New ☐ Duplicate Permit Number _____

NAME _____ **DATE OF BIRTH** ____/____/____
Last First Middle Month Day Year

SEX (*circle one*) ☐ **MALE** ☐ **FEMALE** **SOCIAL SECURITY NUMBER** (*optional*) ____-____-____

RESIDENCE ADDRESS _____
Number Street Apt/Unit # City State Zip Code

MAILING ADDRESS ☐ Same as residence address (*skip mailing address section below*)
☐ Different than residence address (*complete mailing address section below*)

MAILING ADDRESS _____
Number Street (or PO Box number) Apt/Unit # City State Zip Code

COUNTRY OF CITIZENSHIP _____ **IF NOT U.S. CITIZEN: USCIS, ARN, OR I-94 ADMISSION NUMBER** _____

DRIVER'S LICENSE OR NON-OPERATOR ID # _____ **DRIVER'S LICENSE OR ID STATE OF ISSUANCE** _____

PRIMARY PHONE _____ **ALTERNATE PHONE** (*optional*) _____

EMAIL ADDRESS _____

ALIASES (*list all other names ever used*) _____

PERMIT TRAINING

☐ Handgun safety training course utilizing instructor certified by the National Rifle Association

☐ Handgun safety training course utilizing instructor certified by a state law enforcement agency

☐ Completion of law enforcement agency firearms training course that qualifies a peace officer to carry a firearm

☐ Completion of a hunter education program approved by the Natural Resource Commission, if handgun safety training is noted on the certificate of completion

☐ Armed forces small arms training (for those released or retired from Active Duty) - requires documentation of honorable discharge OR general discharge under honorable conditions (DD-214, DD-256, NGB-22, or similar)

☐ Armed forces small arms training (for those on Active Duty) - requires certificate of completion of basic training or similar

☐ Handgun safety training course utilizing instructor certified by an Iowa Department of Public Safety approved training organization.

☐ **TRAINING EXEMPT** – Documentation that applicant holds or held an Iowa Permit to Carry Weapons issued on or after 01/01/2011

INITIAL EDUCATOR REQUIRED TRAINING *(Submit documented proof of training with application.)*

☐ Legal training ☐ Emergency medical training ☐ Communication training ☐ Live firearm training

PERMIT ELIGIBILITY

YES	NO	
☐	☐	1. Do you have charges pending for a felony?
☐	☐	2. Have you ever been convicted of a felony?
☐	☐	3. Have you ever been adjudicated delinquent for an offense that would be a felony if committed by an adult?
☐	☐	4. 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)?
☐	☐	5. 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?
☐	☐	6. Have you ever been convicted of a misdemeanor crime of domestic violence?
☐	☐	7. Are you subject to a court order restraining you from harassing, stalking, or threatening your intimate partner, your child, or the child of your intimate partner?
☐	☐	8. Are you currently on probation for any offense? If YES list the offense for which you are serving probation: _____

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?
☐	☐	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:*

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

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 _____

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