



KALISPEL  
 TRIBAL  
 COURT

**APPLICATION FOR CONCEALED WEAPONS PERMIT (CWP)**

Name	Last	First	Middle
Residence Address			
City	State	Zip Code	
Mailing Address <sup>1</sup>			
City	State	Zip Code	
Employer			
Driver's License Number <sup>2</sup>		Issuing State	
DOB <sup>3</sup>	Birth State	Birth Country	
Height	Weight	Hair Color	
Eye Color	Gender	Race	
SSN	Federal Firearms License/State Firearms License <sup>4</sup>	U.S issued Alien/Admissions Number <sup>5</sup>	
Preferred Phone Number	Fax Number	Email Address	

**Please return all completed applications and all supporting documentation to 22 Camas Flat Rd / P.O. Box 33, Cusick WA, 99119, or email an electronic version to [courtclerk@kalispeltribe.com](mailto:courtclerk@kalispeltribe.com).**

<sup>1</sup> If this address differs from that on your driver's license, you will be required to provide mail with your name and current address.

<sup>2</sup> You will be required to provide a copy of your driver's license when you apply. It may be attached separately.

<sup>3</sup> You must be 18 years of age or older to apply.

<sup>4</sup> If you are using your SFL/FFL to apply for this CWP, then you will be required to provide a copy when you apply. It may be attached separately.

<sup>5</sup> You will be required to provide a copy of your U.S. issued Alien/Admissions card, if you have been issued one, when you apply. It may be attached separately.

## QUESTIONS

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE YOUR EXPLANATION ON ADDITIONAL PAGES.**

1. Do you currently hold, or have you ever held, a permit or license to carry a concealed weapon?

If yes, please enter the issuing agency name, issue date and permit/license number.

Yes

No

Issuing Agency:

Issuing Date:

Permit/License Number:

2. Have you ever applied for and been denied a permit or license to carry a concealed weapon? If yes, please enter the agency name, denial date, and the reason for denial. Use Additional pages if necessary.

Yes

No

Agency Name:

Date of Denial:

Reason for Denial:

3. Have you ever held and subsequently renounced your United States citizenship?

Yes

No

If yes, please explain in the space provided at the end of application.

4. If you served in the Armed Forces, were you ever subject to any disciplinary actions? Please list any and all discipline as part of your answer.

Yes

No

If yes, please explain in the space provided at the end of application.

5. Are you now, or have you been, a party to a lawsuit in the last five years?

Yes

No

If yes, please explain in the space provided at the end of application.

6. Are you now, or have you ever been, subject to restraining orders from any court, or any order prohibiting possession of any weapon?

Yes

No

If yes, please explain in the space provided at the end of application.

7. Are you on probation or parole from any state or Tribe for conviction of any offense including traffic?

Yes

No

If yes, please explain in the space provided at the end of application.

8. List all traffic violations and motor vehicle accidents you have had in the last five years. Include the agency citation number, the dates of the violations, and any other relevant information. Use extra pages as necessary. If you need your Abstract Driving Record (ADR), please contact the Kalispel Tribal Court at 509-445-1664.

9. Have you ever been convicted of any criminal offense (civilian or military) in the U.S. or any other country?

Yes

No

If yes, please explain in the space provided at the end of application.

10. Are you an alien illegally or unlawfully in the United States?

Yes

No

11. Are you an alien who has been admitted to the United States under a nonimmigrant visa?

Yes

No

If yes, also indicate if you fall within any of the exceptions stated in the visa instructions.

12. Have you ever been adjudicated as a mental defective by federal standards, or otherwise committed to a mental institution?

Yes

No

13. Are you a fugitive from justice?

Yes

No

14. Do you agree to abide by all terms and conditions established by Tribal, Federal, or State law for this CWP on the Kalispel Indian Reservation?

Yes

No

15. Are you taking any medication that may impair your cognitive ability to comply with the terms and conditions of a CWP if issued?

Yes

No

16. Have you withheld any fact that might affect the decision to approve this permit?

Yes

No

If yes, please explain in the space provided at the end of application.

#### TERMS AND CONDITIONS OF CWP

The permit holder is responsible for all liability for, injury to, or death of any person, or damage to any property which may result through any act or omissions of the permit holder. The permit holder authorizes the Tribal Court and the Kalispel Tribal Police Department to investigate the permit holder's record and character to ascertain any and all information which may concern qualification to be issued a permit to carry a concealed weapon.

**Under the terms of this permit, if you are conceal carrying a weapon, then you:**

1. Shall not consume any alcoholic beverage.
2. Shall not be in a place where alcohol is served for on-site consumption.
3. Shall not be under the influence of any medication or drug, whether prescribed or not, that impairs your ability to fulfill the terms of your CWP.
4. Shall not refuse to show the permit or surrender the concealed weapon to any law enforcement officer upon demand.
5. Shall not impede any law enforcement officer's ability to perform an investigation or otherwise carry out their duties.
6. Shall not present yourself as a law enforcement officer to any person unless you are, in fact, a law enforcement officer.
7. Shall refrain from openly displaying a concealed weapon unless otherwise instructed by law enforcement or for another justified purpose, including but not limited to instances of self-defense.
8. Shall not carry a concealed weapon that is not properly registered to the permit holder.
9. Shall not carry a concealed weapon at times or circumstances other than those specified in the permit.
10. Shall possess the concealed weapon securely on your person at all times.

The following are places where firearms are prohibited, regardless of a valid CWP:

1. Camas Center for Community Wellness
2. Law Enforcement Buildings
3. Kalispel Tribal Courts
4. Childcare and Educational Facilities
5. Within any Gaming Facility (Including Northern Quest Resort & Casino and Kalispel Casino)
6. Any place with a notice indicating firearms are prohibited

The duration of the CWP will be for a term of five (5) years. Upon expiration of the five (5) year term, the permit holder must apply for renewal. That renewal application may require that some or all of this information be resubmitted.

**TERMS AND CONDITIONS OF CWP (Continued)**

<b>PROHIBITED UNDER CWP</b>	<b>PERMITTED UNDER CWP</b>
A CWP does not authorize the permit holder to carry a firearm or any dangerous weapon in contravention of any applicable laws.	A CWP enables the holder to carry a concealed weapon upon the Kalispel Reservation and Tribal properties where not otherwise explicitly prohibited.
A CWP does not authorize concealed carrying in any other jurisdiction, and a state concealed carry permit should be sought if one plans to travel off-reservation with the concealed weapon.	A CWP <b>AND</b> a Work Carry Endorsement allows a Kalispel Tribal employee to conceal carry a weapon in accordance with any additional rules and restrictions that apply during the course of their employment.  <b>NOTE:</b> You must have <i>both</i> the CWP and the Work Carry Endorsement <i>before</i> conceal carrying at work. Your immediate supervisor must also be notified prior to conceal carrying at work.

**Failure to abide by any of the above listed terms of the CWP may result in revocation of your CWP.**

**ACKNOWLEDGEMENT**

I am aware and understand that if my application is approved and I am issued a permit to carry a concealed weapon, that the permit is subject to the restrictions outlined above, and that misuse of the permit will cause an automatic revocation and possible arrest and that the permit may be suspended or revoked at the discretion of law enforcement. I am aware that any use of a firearm may bring criminal action or civil liability against me. I have read, understand, and agree to the CWP liability clauses, terms and conditions, and restrictions stated in this application. I understand that any false statements made in this application may be subject to civil and/or criminal prosecution. I further acknowledge that these terms and conditions, and restrictions on the CWP can be amended or expanded by the Kalispel Tribal Court, law enforcement, or any other regulatory body that may affect my eligibility to hold a CWP. I acknowledge that failure to provide all relevant documentation as required by this application will result in a denial of a CWP.

I declare under penalty of perjury that the foregoing statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of CWP.

Failure to abide by any and all of these restrictions will be subject to forfeiture of any weapon and may be subject to prosecution under Tribal, state, or federal law. If law enforcement discovers that an applicant was ineligible for a CWP at the time of application, that CWP will be revoked. If the applicant is restricted, through court order, conviction, or commitment from having a firearm at a later time, the applicant is required to disclose that information to the Kalispel Tribal Court and law enforcement immediately. Failure to disclose such information will result in revocation.

Date Submitted:

Applicant's Name:

Applicant's Signature:

**Official Use Only**

Law Enforcement Referral:

Approved:

Denied:

Law Enforcement Initials:

Judge's Signature:

**ADDITIONAL SPACE PROVIDED AS NEEDED FOR ANY ANSWER ABOVE**

*Please indicate which question your response is regarding.*