

Cherokee County Concealed Carry Class Application

Submit your completed application and a copy of your photo ID or other proof of residency to the Cherokee County Attorney's Office at PO Box 36 Columbus, KS 66725 or jwhitely@cherokeecountyattorney.com.

Name: Last _____ First _____ Middle _____

Residential Address: _____

Phone Number: _____ Date of Birth: _____ Age: _____

1. Are you twenty-one years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a resident of Cherokee County, Kansas? Attach a copy of your Kansas Driver's license or other proof of residency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you fled from a jurisdiction to avoid prosecution for a crime or to avoid giving testimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you under charges, indictment, or information (including a diversion agreement) in any court for a felony, misdemeanor, or any other crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been convicted as an adult, adjudicated as a juvenile, or received a diversion agreement or deferred prosecution in any court for any felony, even if such crime has since been expunged from your record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you been convicted in any court or received a diversion agreement of deferred prosecution for any misdemeanor crime involving domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you subject to a court ordered restraining order involving an "intimate partner" or child of such a partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you been adjudicated mentally defective?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you been involuntarily committed to a mental institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you or have you been a mentally ill person or a person with an alcohol or substance abuse problem subject to involuntary commitment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you illegally or unlawfully in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are you a permanent resident alien residing in Kansas? If so, attach a copy of your U.S.-issued permanent resident alien registration card.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you own a firearm and at least 50 rounds of ammunition to complete the required range qualification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Have you previously completed a Kansas Concealed Carry class or similar training from another jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WARNING: This application is executed under oath. A false statement or answer on this application or submission of a false document may subject the applicant to prosecution for the crime of perjury, K.S.A. 21-5903, and amendments thereto, a severity level nine (9) non-person felony, or other applicable criminal charges.

I declare under penalty of perjury all statements made in this application are true and correct.

Signature _____

Date _____