

<p style="text-align: center;">_____ Court of Washington</p> <p>For _____</p> <p style="text-align: right;">_____ Plaintiff</p> <p>vs.</p> <p>_____</p> <p>Defendant.</p>	<p>No. _____</p> <p><b>Notice to Department of Licensing Regarding Conviction Resulting in Revocation of Defendant's Concealed Pistol License</b></p> <p><b>NTDOL</b></p> <p><b>Clerk's Action Required</b></p>
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To the Washington State Department of Licensing:

The defendant in the above entitled action has been convicted of the following offense(s), a gross misdemeanor:

RCW 9.41.270: Unlawful carrying or handling of a weapon or weapons capable of producing bodily harm.

Under RCW 9.41.270(1) it is unlawful for any person to carry, exhibit, display or draw any firearm, dagger, sword, knife or other cutting or stabbing instrument, club, or any other weapon apparently capable of producing bodily harm, in a manner, under circumstances, and at a time and place that either manifest an intent to intimidate another or that warrants alarm for the safety of other persons. As a consequence of the defendant's conviction for violation of RCW 9.41.270(1), any concealed pistol license possessed or issued to the defendant is revoked under operation of law. RCW 9.41.270(2).

RCW 9.41.282: Carrying a firearm at a child care center.  
The date of conviction is: \_\_\_\_\_

**NOTICE TO DEFENDANT:** For a conviction under RCW 9.41.282, you must immediately surrender your CPL to the court.

**The Department of Licensing is hereby notified that the defendant's concealed pistol license (CPL) shall be revoked:**

**until restored** (RCW 9.41.270).

**for a period of three (3) years from the date of conviction** (RCW 9.41.282).

A copy of this document has been provided to the defendant.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge/Commissioner/Pro Tem

\_\_\_\_\_  
Defendant Signature

Defendant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

List any aliases \_\_\_\_\_

Residential Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (month/date/year) \_\_\_\_\_ Driver's License/ID Number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Court ORI # \_\_\_\_\_

**Submit to:**  
Dept. of Licensing  
Business & Professions Firearms Unit  
PO Box 9649  
Olympia, WA 98507-9649  
[firearms@dol.wa.gov](mailto:firearms@dol.wa.gov).