**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court of Washington, City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|   Plaintiffvs.  DefendantDOB: Driver’s License/ID No.:  | No.**Notice to Department of Licensing Regarding Conviction Resulting in Revocation of Defendant’s Concealed Pistol License** **(NTDOL)**Clerk’s Action Required: 2, [ ] 3Court ORI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

To the Washington State Department of Licensing:

1. The defendant in the above entitled action has been convicted of the following offense, a gross misdemeanor, and the Department of Licensing is notified that the defendant’s concealed pistol license shall be revoked as follows:

[ ] RCW 9.41.270(1): Unlawful carrying or handling of weapons apparently capable of producing bodily harm.

[ ] RCW 9.41.280(1): Knowingly possessing dangerous weapons on school facilities or areas of facilities while being used for official meetings of a school district board of directors.

[ ] RCW 9.41.282(1): The date of conviction for carrying a firearm at a childcare center is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. A copy of this notice will be provided to the defendant and the Department of Licensing, Business & Professions Firearms Unit, PO Box 9649, Olympia, WA 98507-9649 or firearms@dol.wa.gov.

3. [ ] A copy of this notice has been provided to the city, town, or county which issued the license. (RCW 9.41.270; RCW 9.41.280).

Dated:

 **Judge/Commissioner/Pro Tem**

 Print Name:

Defendant’s Signature

Defendant’s Name: (*last*) *(first)* *(middle)*

Residential Street Address:

City: State: Zip:

Gender: Weight: Height: Eye Color: