

### Standard Application for CCW License


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Official Use Only - Type of Permit Requested.	
<input type="checkbox"/> Standard	<input type="checkbox"/> Judge
<input type="checkbox"/> Reserve Officer	<input type="checkbox"/> 90 Day

#### Public Disclosure Admonition

LEGAL OFFICE

I understand that I am obligated to be complete and truthful in providing information on this application. I understand that all of the information disclosed by me in this application may be subject to public disclosure.

  
 Applicant Signature

27 Dec 2012  
 Date

\_\_\_\_\_  
 Witness Signature / Badge Number


\_\_\_\_\_  
 Date





#### Section 1 - Applicant Personal Information

Name: BORAGNO DAVID JOHN  
Last First Middle

If Applicable  
 Maiden Name or other Name(s) Used: \_\_\_\_\_

City and County of Residence: SAN FRANCISCO Country of Citizenship: USA

Date of Birth:  Place of Birth: SAN FRANCISCO SF CA  
City County State

Height:  Weight:  Color Eyes:  Color Hair: 

#### Section 2 - Applicant Clearance Questions

1. Do you now have, or have you ever had a license to carry a concealed weapon (CCW)?  
 No  Yes \_\_\_\_\_ (If yes, please indicate below. Use additional pages if necessary.)

Issuing Agency \_\_\_\_\_ Issue Date \_\_\_\_\_ CCW# \_\_\_\_\_

2. Have you ever applied for and been denied a license to carry a concealed weapon?  
 No  Yes \_\_\_\_\_ (If yes, give agency name, date and reason for denial.)

\_\_\_\_\_  
 \_\_\_\_\_

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**Section 2 – Applicant Clearance Questions – (continued)**

3. Have you ever held and subsequently renounced your United States citizenship?  
No  Yes \_\_\_\_\_ (If yes, explain):

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4. If you served with the Armed Forces, were you ever convicted of any crime while in the service of the Armed Forces? If so, was your discharge other than honorable? No  Yes \_\_\_\_\_ (If yes, explain):

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5. Are you now, or have you been a party to a lawsuit in the last five years?  
No  Yes \_\_\_\_\_ (If yes, explain):

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6. Are you now, or have you been, under a restraining order(s) from any court?  
No  Yes \_\_\_\_\_ (If yes, explain):

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7. Are you on probation or parole from any state for conviction of any offense including traffic? No  Yes \_\_\_\_\_ (If yes, explain):

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**Section 2 – Applicant Clearance Questions – (continued)**

8. List all traffic violations (moving violations only) and motor vehicle accidents you have had in the last five years. (Use additional pages if necessary.)

Date	Violation / Accident	Agency / Citation #

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

No  Yes  (If yes, explain including date, agency, charges, and disposition.)

10. Have you withheld any fact that might affect the decision to approve this license?

No  Yes  (If yes, explain):

**Section 3 – Descriptions of Weapons:**

List below the weapons you desire to carry if granted a CCW. You may carry ~~only~~ only the weapon(s) which you list and describe herein, and only for the purpose indicated. Any misuse will cause an automatic revocation and possible arrest. (Use additional pages if necessary.)

	Make	Model	Caliber	Serial No.
1.	SMITH&WESSON	9	357	
2.				
3.				

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**Section 6 – Agreement to Restrictions and to Hold Harmless**

I accept and assume all responsibility and liability for, injury to, or death of any person, or damage to any property which may result through any act or omission of either the licensee or the agency that issued the license. In the event any claim, suit or action is brought against the agency that issued the license, its chief officer or any of its employees, by reason of, or in connection with any such act or omission, the licensee shall defend, indemnify, and hold harmless the agency that issued the license, its chief officer or any of its employees from such claim, suit, or action.

I understand that the acceptance of my application by the licensing authority does not guarantee the issuance of a license and that fees and costs are not refundable if denied. I further understand that if my application is approved and I am issued a license to carry a concealed weapon, that the license is subject to restrictions placed upon it and that misuse of the license will cause an automatic revocation and possible arrest and that the license may also be suspended or revoked at the discretion of the licensing authority at any time. 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 CCW license liability clauses, conditions, and restrictions stated in this Application and Agreement to Restrictions and to Hold Harmless.

I have read and understand the applicable Penal Code sections regarding False Statements on a CCW Application, Manslaughter, Killing in Defense of Self or Property, Limitation on Self-defense and Defense of Property, and Child Access and Firearm Storage, stated in this application.

I have read and understand Attachment 1 – California Prohibiting Categories for a CCW License, Attachment 2 – California Prohibiting Misdemeanors, and Attachment 3 – Federal Prohibiting Categories for Possessing Firearms. I further acknowledge that these Prohibiting Categories can be amended or expanded by state or federal legislative or regulatory bodies and that any such amendment or expansion may affect my eligibility to hold a CCW.

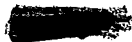
Applicant Signature



Date

27 DEC 2012

Witness Signature / Badge Number



Date

10/10/10

10/10/10



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Section 7 - Investigator's Interview Notes

Applicant Name: BORAGNO David John  
Last First Middle

Date of Birth: [REDACTED] Age [REDACTED]

Social Security No.: [REDACTED]

California (DL) ID No.: [REDACTED]

Driver's License Restrictions: Corrective Lenses

Residence Address:  
[REDACTED] San Francisco CA [REDACTED]  
Number Street Apt. City State Zip

Mailing address (if different):  
Number Street Apt. City State Zip

Home / Personal Phone Numbers: (415) [REDACTED]

Spouse's Name and Address:

Applicant Occupation: RETIRED

Business / Employer Name:

Business Phone Number: : ( )

Business Address:  
Number Street Apt. City State Zip

1. List all previous home addresses for the past five years.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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**Section 7 – Investigator’s Interview Notes – (continued)**

2. Have you ever been in a mental institution, treated for mental illness, or been found not-guilty by reason of insanity? No  Yes  (If yes, explain):

[REDACTED]

3. Are you now, or have you ever been, addicted to a controlled substance or alcohol, or have you ever utilized an illegal controlled substance, or have you ever reported to a detoxification or drug treatment program? No  Yes  (If yes, explain):

[REDACTED]

4. Have you ever been involved in an incident involving firearms? No  Yes  (If yes, explain):

[REDACTED]

5. Have you been involved in a domestic violence incident? No  Yes  (If yes, explain):

[REDACTED]

6. List any arrests or formal charges, with or without disposition, for any criminal offenses with the U.S. or any other country (civilian or military).

[REDACTED]



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Section 7 – Investigator's Interview Notes – (continued)

If the CCW license is desired for self-protection, the protection of others, or for the protection of large sums of money or valuable property, you are required to explain and provide good cause for issuance of the license. For example, has your life or property been threatened or jeopardized? Explain incidents and include dates, times, locations, and names of police agencies to which these incidents were reported.

Details of Reason for Applicant desiring a CCW License (use additional sheets if needed).

UNDER 2nd Amendment OF U.S  
CONSTITUTION THE RIGHT TO  
BEAR ARMS IS A RIGHT TO  
BE SAFE IN ONE'S HOME AND  
PERSON, I THINK THAT ~~THE~~  
RIGHT TO CARRY A WEAPON TO  
INSURE MY SAFETY AND THAT  
OF OTHERS IS IMPORTANT. THE  
POLICE CAN ONLY DO SOMUCH  
TO PROTECT US. I FEEL THAT  
I HAVE A RIGHT TO PROTECT  
MYSELF IS IMPORTANT, TO FEEL  
SAFE AND THEREFORE I SHOULD  
BE ISSUED A CCW PERMIT.



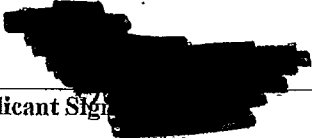
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**Section 8 – Certification and Release of Information**

I hereby give permission to the agency to which this application is made to conduct a background investigation of me and to contact any person or agency who may add to or aid in this investigation. I further authorize persons, firms, agencies and institutions listed on this application to release or confirm information about me and statements I have made as contained in this application.

Notwithstanding any other provision of law and pursuant to the Public Records Act (Government Code section 6250 et seq.), I understand that information contained in this application may be a matter of public record and shall be made available upon request or court order.

I hereby certify under penalties of perjury and Penal Code section 12051(b) and (c), that the answers I have given are true and correct to the best of my knowledge and belief, and that I understand and agree to the provisions, conditions, and restrictions herein or otherwise imposed.

  
Applicant Signature

27 DEC 2012  
Date

Witness Signature / Badge Number

Date

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