

KAUA'I POLICE DEPARTMENT

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TODD G. RAYBUCK
Chief of Police



MARK T. OZAKI
Acting Assistant Chief

ELECTRIC GUN BUSINESS APPLICATION & QUESTIONNAIRE

Sole Proprietorship: _____ Partnership: _____

Name of the applying entity and any other name under which the applying entity does business: _____

Street address: _____

Telephone No.: _____ Fax No.: _____

Email address: _____

Additional designated place of business from which the applying entity desires to sell, offer to sell, distribute, or otherwise transfer electric guns or cartridges: _____

Legal name: _____

Date of Birth: _____ Social security number: xxx-xx-_____

Legal name: _____

Date of Birth: _____ Social security number: xxx-xx-_____

Legal name: _____

Date of Birth: _____ Social security number: xxx-xx-_____

Applying entity's Hawaii tax identification No. _____

Applying entity's federal employer identification No.: _____

ELECTRIC GUN APPLICATION QUESTIONNAIRE

Please answer the questions below **WRITING YOUR INITIALS** on the line under "Yes" or "No."

Yes No

Within the last three years, have you completed an electric gun safety or training course approved by the Kaua'i Police Department that focuses on:

- Safe use and handling of electric guns
- Current information about the effects, dangers, risks, and limitations of electric guns
- Education on the existing state laws on electric guns
- The proper disposal of electric guns

The following criteria will prohibit an applicant from owning, possessing or controlling (selling or distributing) an electric gun:

Yes No

Are you a fugitive from justice?

Under indictment for, has waived indictment for, has been bound over to the circuit court for, or has been convicted in Hawaii or elsewhere of having a felony, any crime of violence, or any illegal sale of any drug?

Is or has been under treatment or counseling for addiction to, abuse of, or dependence upon any dangerous, harmful, or detrimental drug, intoxicating compound as defined in section 712-1240, or intoxicating liquor?

Has been acquitted of a crime on the grounds of mental disease, disorder, or defect pursuant to section 704-411?

Is or has been diagnosed as having a significant behavioral, emotional, or mental disorder as defined by the most current diagnostic manual of the American Psychiatric Association?

Is under treatment for an organic brain syndrome unless the person has been medically documented to be no longer adversely affected by the addiction, abuse, dependence, syndrome, or mental disease, disorder or defect?

DECLARATION

I, the undersigned, certify that I will comply at all times with, and is responsible for compliance by business employees with, all provisions of law relative to the acquisition, possession, storage, sale, offer for sale, distribution, and transfer of electric guns and cartridges.

I, the undersigned, understand the usage of the form pursuant to HB 891. I also understand that the licensee shall be responsible for the legal sale, distribution, and proper storage of any electric gun under the licensee's control or at any of the licensee's designated place of business.

And lastly, I, the undersigned, understand there is currently no requirement for sellers/distributors to transmit transaction records to the respective county. If I choose to transmit transaction record(s), it will be on a strictly voluntary basis.

HRS 134-17 Penalties (a) If person gives false information or offers false evidence of the person's identify in complying with any of the requirements of this part, that person shall be guilty of a misdemeanor, provided, however that is any person intentionally gives false information or offers false evidence concerning their psychiatric or criminal history in complying with any of the requirements of this part, that person shall be guilty of a class C felony.

***** DO NOT SIGN UNTIL INSTRUCTED TO DO SO*****

I DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS
TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF ISSUING AUTHORITY

ID NO.

DATE

xxx-xxx (12/2021)