DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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Request to Appeal a Decision by the Metropolitan Police Department (MPD) Regarding a Concealed Pistol License

*Use this form if you want a hearing before an Administrative Law Judge because you disagree with a MPD decision to **deny, revoke, or limit a concealed pistol license**. **Attach a copy of the MPD notice you are appealing.***

*If you wish to appeal a decision regarding a **firearm registration**, you must file a separate form for that purpose.*

Section 1 – Contact Information

Print Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address (*if any*): ☐ I consent to receive documents by email only	Your Ward (*if you know*):
If you have a representative for this case: ☐ Non-Attorney Representative (as allowed by OAH Rule 2835) ☐ Attorney	
Representative Name:	Representative Telephone:
Representative Email Address: ☐ Consents to receive documents by email only	Representative Mailing Address:

Section 2 – Why do you need a hearing?

☐ MPD denied my application for a concealed pistol license.

☐ MPD revoked or limited my concealed pistol license.

☐ MPD issued a summary suspension or limitation of my concealed pistol license.

→ → → **Continue to second page** → → →

In the space below, give the reason(s) you disagree with MPD's decision and explain what you want the judge to do. Use an additional page if needed.

Section 4 – Language Access

Do you need OAH to provide an interpreter to help you participate in the hearing?

☐ YES   ☐ NO

If YES, what language do you need? _____

Section 5 – Reasonable Accommodation

Do you need a reasonable accommodation to help you participate in the hearing?

☐ YES   ☐ NO

If YES, please explain: _____

Section 6 – Who Prepared the Hearing Request?

Signature of the person who prepared the hearing request:

_____   _____   _____
Signature   Print Name   Date

Email, telephone, mailing address of person who prepared hearing request (if not printed above):

_____

_____