



ARKANSAS STATE POLICE

Concealed Handgun Carry License Change of Name and/or Address Notification Form

You may print this form, fill it in and mail it to Arkansas State Police, CHCL Section, 1 State Police Plaza Drive, Little Rock, AR 72209 (please print or type legibly), **or** e-mail it to chclinfo@asp.arkansas.gov

Arkansas Concealed Handgun Carry License Number: _____

Arkansas Driver's License Number: _____ Date of Birth: _____

Arkansas Firearms Safety Training Instructor: Instructor number: _____

Name as shown on current concealed carry license: (required for all)

Last

First

Middle

New Name: _____

Last

First

Middle

Previous Physical Address: _____

City

State

ZIP

New Physical Address: _____

City

County

State

ZIP

Previous Mailing Address: _____

City

State

ZIP

New Mailing Address: _____

City

State

ZIP

Daytime phone #: _____ E-mail address: _____

An updated concealed handgun carry license with the new address and/or name **will not** be printed unless you also complete and submit the Lost/Replacement License Form with proper payment. See the ASP website for that form:

<https://www.dps.arkansas.gov/law-enforcement/arkansas-state-police/services-programs/concealed-handgun-carry-licensing/>

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