Notice: Knowingly providing false information on this form could result in criminal prosecution or revocation or non-issuance of an Arkansas Concealed Handgun Carry License.

The applicant, by completing this form, swears or affirms that he/she has successfully completed the required training for an Arkansas concealed handgun carry license pursuant to Arkansas Code Annotated §§5-73-301 et seq. and the Arkansas State Police Concealed Handgun Carry License Rules.

The instructor(s), by completing this form, swears or affirms that he/she has successfully administered the required training for an Arkansas concealed handgun carry license pursuant to Arkansas Code Annotated §§5-73-301 et seq. and the Arkansas State Police Concealed Handgun Carry License Rules, including “live fire.”

I hereby state under oath that the representations made herein are true and correct.

Completion Date of Training: ________________ CHCL # ________________ (if renewal)

Qualified with Semiautomatic ________ Revolver ________

Confirmation # (from on-line application only) ____________________________ (if applicable)

Name of the Applicant: ________________________________________________

PRINT CLEARLY (First/MI/Last Name)

Signature of Applicant: __________________________ Date: ________________

(First/MI/Last Name) (Month/Day/Year)

Please write clearly (do not separate form)

Name of Instructor: _______________________ Inst # ___________________

(First/MI/Last Name)

Signature of Instructor: _______________________ Date: ________________

(First/MI/Last Name) (Month/Day/Year)

Instructors Only: Instructors who apply for new or renewal of their Arkansas concealed handgun carry license should, in lieu of a training certificate, send in a copy of their current firearm safety training instructor registration certificate issued by the Department.