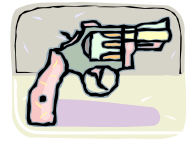




**CONCEALED HANDGUN CARRY LICENSE APPLICATION FORM
DEPARTMENT OF ARKANSAS STATE POLICE**

(Please print clearly and provide all requested information)



*****NOTICE: THE APPLICATION FEE IS NON-REFUNDABLE*****

Your application may be denied based on the information you provide. Please read the law and the Administrative Rules carefully. If you have questions about your eligibility, please consult your instructor.

Check applicable box(s): **New Application** **Renewal Application** **Transfer Application**
U.S. Armed Forces Veteran or Currently Serving - Provide copy of DD214/similar document or valid military identification card with application.

Full Name: _____
Last First Middle Jr., Sr., or III (if applicable)

For RENEWAL or TRANSFER only:

Current Concealed Handgun Carry License #: _____ Expiration date: _____

Give all other names you have ever used: _____

Date of Birth: _____ Place of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year) (City) (State)

Social Security #: _____ Driver's License #: _____ State

Hair color: _____ Eye color: _____ Height: _____ feet _____ inches

Physical Address: _____

City State ZIP

Mailing Address: _____

City State ZIP

List the **county** of your physical residence: _____

Do you live within the city limits? _____ If yes, what city? _____

Please supply contact information so we may reach you if we have questions or problems with your application packet. Please print clearly.

Home phone number: _____ Daytime phone number: _____

Cell phone number: _____ E-mail address: _____

Have you lived at this address for the previous two (2) years? _____ If no, list your previous addresses for the past two (2) years:

Address City State Zip

Address City State Zip

If you must explain an answer to a question, please do so on a separate piece of paper.

QUESTIONS RELATING TO MENTAL HEALTH

1. Have you ever been adjudicated as a mental defective or mentally incompetent? _____ If yes, explain further on a separate piece of paper giving details of the proceedings or providing court documentation.
2. Have you ever been **voluntarily** committed (overnight stay) to a mental institution or mental health treatment facility? _____ If yes, please provide the name of the facility, its address, city and state on a separate piece of paper.
3. Have you ever been **involuntarily** committed (overnight stay) to a mental institution or mental health treatment facility? _____ If yes, please provide the name of the facility, its address, city and state on a separate piece of paper.
4. Do you suffer from a mental or physical infirmity that prevents the safe handling of a handgun? _____
5. Have you ever threatened or attempted suicide? _____

QUESTIONS RELATED TO THE USE OF CONTROLLED SUBSTANCES

6. In the last three (3) years, have you been **voluntarily** or **involuntarily** committed (overnight stay) to a treatment facility for the abuse of a controlled substance? _____ If yes, please provide the name of the facility, its address, city and state on a separate piece of paper.
7. Have you ever been convicted of a crime relating to a controlled substance? _____ If yes, what was the date of that conviction? _____
8. Do you chronically or habitually abuse a controlled substance to the extent that your normal faculties are impaired? (This includes any discharge from the military for drug usage.) _____
9. Are you currently an unlawful user of any controlled substance? _____ If yes, list the last date that you used the controlled substance. _____

QUESTIONS RELATED TO THE USE OF ALCOHOL

10. Do you chronically and habitually use any alcoholic beverage to the extent that your normal faculties are impaired? _____
11. In the last three (3) years, have you ever been **voluntarily or involuntarily** committed (overnight stay) to an alcohol abuse treatment facility? _____ If yes, give name and address of the treatment facility and discharge date. _____
12. Within the three (3) years immediately preceding this application, have you been convicted of two (2) or more offenses related to the use of alcohol? _____ If yes, explain further on a separate piece of paper.

13. In the last five years, have you been found guilty of an alcohol related offense while you were carrying a handgun? _____ If yes, explain further on a separate piece of paper.

QUESTIONS RELATED TO OTHER CRIMINAL HISTORY

14. Have you been convicted of a crime(s) that involves physical contact or threat of physical contact with a family member, intimate partner, your child or a child of the intimate partner? _____ If yes, explain further on a separate piece of paper

15. Have you been convicted of a crime of violence? _____ If yes, explain further on a separate piece of paper.

16. Have you been convicted of any crime involving the **use** of a weapon? _____

17. Have you ever been convicted of a felony? _____ *NOTE – if you were sentenced after March 13, 1995, you must have a governor’s pardon with firearms possession rights restored. A seal/expungement order will not necessarily restore your firearms rights.*

18. Within the last five (5) years have you ever been convicted of the offense of **carrying a weapon**? _____ If yes, give the court and date of conviction. _____

19. Are you the subject of an active criminal warrant? Yes No Unknown
(Circle one)

QUESTIONS RELATING TO FEDERAL LAW

20. Have you ever been denied a concealed handgun carry license in any state? _____ If yes, what state? _____

21. Have you ever been denied for the purchase of a firearm through a federal firearms licensee (gun dealer)? _____ If yes, explain further on a separate piece of paper.

22. Have you ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one (1) year? _____ If yes, please explain further on a separate piece of paper.

23. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? _____ If yes, please explain further on a separate piece of paper.

24. Have you recently been arrested for or are you under indictment or information for a crime punishable by imprisonment for a term exceeding one year? _____ If yes, explain further on a separate piece of paper.

25. Have you ever served in the Armed Forces and been discharged under dishonorable conditions? _____ (dishonorable discharge or dismissal)

26. Have you ever been convicted of an offense at an Armed Forces General Court Martial? _____ If so, what was the offense? _____

27. Are you a fugitive from justice? _____

28. Are you subject to any law that makes it unlawful to receive, possess or transport any firearm? _____

29. Have you ever submitted information to the FBI for the Voluntary Appeal File (VAF)? If yes, was a VAF number issued to you? _____ If yes, list that number: _____

30. Are you an illegal or unlawful alien? _____

31. Are you the subject of a court order, such as a restraining or protection order, that restrains you from harassing, stalking or threatening your child, intimate partner or child of the intimate partner? _____ If yes, please provide a copy of the court order.

32. Have you ever renounced your United States Citizenship? _____

QUESTIONS RELATING TO ARKANSAS LAW

33. Are you a citizen of the United States? _____ (**also answer a or b below**)

a. **If Yes**, do you declare allegiance to the United States Constitution and the Arkansas Constitution? _____

b. **If No**, are you a permanent legal resident of the United States? _____ If yes, please attach proof of your current status.

If you were born outside of the United States - Please send a copy of your United States Passport; United States birth certificate; US citizen born abroad certificate; OR Permanent resident card issued by the United States.

34. Have you been a resident of Arkansas continuously for at least ninety (90) days prior to the signing of this application (does not apply to transfers)? _____

35. Have you been furnished with a copy of ACA §5-73-301 et seq. (the Arkansas Concealed Handgun Carry Licensing law, available on our website) and are you acquainted with the truth and understanding of this subchapter? _____

36. Are you at least twenty-one (21) years of age at the time of signing this application? _____ If no, are you at least eighteen (18) years of age and a current or former active duty member of the United States military? _____ Please provide proof of active duty military status.

37. Do you desire a legal means to carry a concealed handgun to defend yourself? _____

38. Are you applying for an unrestricted license (live-fire qualification was done with a semi-automatic handgun) or restricted license (live-fire qualification was done with a revolver)? _____

VERIFICATION AND AUTHORITY TO RELEASE

TO WHOM IT MAY CONCERN

Under Penalty of A.C.A. § 5-73-305, I the undersigned, hereby affirm that all information contained on this application is true and correct. I understand that giving a false statement or submitting a false document will subject me to criminal prosecution, preclude future Concealed Handgun Carry License issuance, and/or result in immediate revocation of any license already issued by the Department.

I understand that the Arkansas State Police will conduct a thorough background investigation before rendering a final decision regarding my eligibility for a Concealed Handgun Carry License and this investigation may include, but not be limited to, inquiries to my abilities, character and criminal background record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agency, military record facilities, the Arkansas Crime Information Center, Federal Bureau of Investigation, National Crime Information Center, Interstate Information Index to furnish information from their records to the Arkansas State Police. I do, hereby, give my consent and authority that any information (including sealed or expunged criminal history) and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board, or commission in open hearing or court in any judicial or administrative proceeding.

I understand that if any information or answer to a question on this application changes during the license period, that I will immediately notify the Department in writing.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** _____

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.

Obtaining Copy: Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.