



ARKANSAS STATE POLICE

Concealed Handgun Carry License Lost, Destroyed or Replacement License Request Form

PLEASE TYPE OR PRINT LEGIBLY

Name: _____
LAST FIRST MIDDLE

Arkansas Concealed Handgun Carry License #: _____ Exp date: _____
(if known)

Date of Birth: _____ Arkansas driver's license number: _____

Physical address: _____
(STREET)
_____, AR _____
(CITY) (COUNTY) (ZIP CODE)

Mailing address: _____
(P. O. BOX #, ETC.)
_____, AR _____
(CITY) (COUNTY) (ZIP CODE)

Daytime telephone number: (____) _____ E-mail address: _____

NOTICE: Knowingly providing false information on this form is against Arkansas law Ark. Code Ann §5-73-305. The applicant, by completing this form, swears or affirms that he/she is in compliance with and meets all the qualifications to hold a license to carry a concealed handgun pursuant to the criteria specified in Ark Code Ann §5-73-308 and §5-73-309 and any other state and federal law.

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

Signature of Applicant: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

This form MUST be notarized before submittal to the Arkansas State Police.

State of Arkansas, County of _____. Subscribed and sworn before me a notary public in and for the county aforesaid this _____ day of _____, 20____.
Notary Public Signature: _____ My commission expires: _____

YOU MUST ENCLOSE THE FOLLOWING WITH THIS REQUEST:

1. This properly completed form;
2. A legible copy of your Arkansas Concealed Handgun Carry License (if possible).
3. A legible copy of your Arkansas Driver's License or I.D. Card.
4. a. If you are 64 years of age or younger - A check or money order for **\$15.00** payable to the Arkansas State Police **OR**;
b. If you are 65 years of age or older - A check or money order for **\$7.50** payable to the Arkansas State Police.

Mail your request packet to: **Arkansas State Police, CHCL Section, 1 State Police Plaza Drive, Little Rock, AR 72209**