ARKANSAS STATE POLICE

Concealed Handgun Carry License
Add Enhanced Endorsement to Replacement License Request Form

PLEASE TYPE OR PRINT LEGIBLY
(Not required for New or Renewal applications to add Enhanced Endorsement)

Name: ____________________________________________________________

LAST FIRST MIDDLE

Arkansas Concealed Handgun Carry License #: __________________________ Exp date: __________________

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 Ark. Code Ann §5-73-305. By completing this form, the applicant swears or affirms that he/she is in compliance with all the qualifications to hold an Arkansas concealed handgun carry license pursuant to Ark Code Ann §5-73-301 et seq. and any other state and federal law.

I hereby state under oath that the representations made herein are true and correct and that I will destroy my basic Concealed Handgun Carry License upon receipt of my Enhanced Concealed Handgun Carry License.

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 properly completed Enhanced Concealed Handgun Carry License Training Form dated within the previous six (6) months; and
3. 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

Revised July 31, 2023