



# ARKANSAS STATE POLICE

## Concealed Handgun Carry License Renewal Application Form

TYPE OR PRINT LEGIBLY

**PLEASE ALLOW 120 DAYS** from the date of application submission to receive your license or before contacting this office to check application status.

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Arkansas Concealed Handgun Carry License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Physical address: \_\_\_\_\_  
(STREET)

\_\_\_\_\_, \_\_\_\_\_, AR \_\_\_\_\_  
(CITY) (COUNTY) (ZIP CODE)

Mailing address: \_\_\_\_\_  
(P. O. BOX #, ETC.)

\_\_\_\_\_, \_\_\_\_\_, AR \_\_\_\_\_  
(CITY) (COUNTY) (ZIP CODE)

Arkansas driver's license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Height: \_\_\_\_\_

Daytime telephone number:(\_\_\_\_\_) \_\_\_\_\_ Social Security Number (Optional) \_\_\_\_\_

**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. I authorize the Arkansas State Police Concealed Handgun Carry Licensing Section to retrieve and use my Arkansas driver's license or identification card digital photo in conjunction with my Arkansas Concealed Handgun Carry License.

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

YOU MUST ENCLOSE THE FOLLOWING WITH THIS RENEWAL APPLICATION:

1. This properly completed form.
2. A legible copy of your Arkansas Concealed Handgun License.
3. A legible copy of your Arkansas Driver's License.
4. The completed "Certificate Of Training" form from the Concealed Handgun Carry License Firearms Safety Training Instructor dated within the last twelve (12) months.

TIMELY RECEIPT IS DETERMINED BY ASP RECEIPT DATE, NOT MAILING OR POSTMARK DATE.

5. If your license is not expired, send a check or money order for **\$60.00**, payable to the "Arkansas State Police". If your license is expired less than six months, add an additional \$15.00 fee.

If your license is expired over six months, you will not use this form, but will need to begin the application process with a new application and not a renewal.

Mail your packet to: Arkansas State Police, CHCL Section, 1 State Police Plaza Drive, Little Rock, AR 72209. If you have not received your license, a letter or a phone call from our office, please do not contact us until 120 days have passed from the date you submitted your application.

Effective January 1, 2009