



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



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

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

Mailing Address: _____

_____ City State ZIP

Physical Address: _____

_____ City State ZIP

List the county of your physical residence: _____

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

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

_____ Address City State Zip

Any further explanation of answers to questions may be provided on separate paper.

QUESTIONS RELATING TO MENTAL HEALTH

- 1. Have you ever been adjudicated mentally incompetent? _____
- 2. Have you ever been **voluntarily** committed to a mental institution or mental health treatment facility? _____
- 3. Have you ever been **involuntarily** committed to a mental institution or mental health treatment facility? _____
- 4. Have you ever been adjudicated as a mental defective? _____
- 5. Do you suffer from a mental infirmity that prevents the safe handling of a handgun?

QUESTIONS RELATED TO THE USE OF CONTROLLED SUBSTANCES

- 6. In the last three (3) years, have you been **involuntarily** committed to a treatment facility for the abuse of a controlled substance? _____
- 7. In the last three (3) years, have you ever been **voluntarily** committed to a treatment facility for the abuse of a controlled substance? _____
- 8. Have you ever been convicted of a crime under ACA §§5-64-101 et seq. or state or federal law relating to a controlled substance? _____ What was the date of that conviction? _____
- 9. Have you ever been arrested for a controlled substance violation where the controlled substance was tested as positive by a laboratory or the Arkansas Crime Lab or its equivalent in another state or federally? _____
- 10. 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.) _____
- 11. 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

- 12. Do you chronically and habitually use any alcoholic beverage to the extent that your normal faculties are impaired? _____
- 13. In the last three (3) years, have you ever been **voluntarily or involuntarily** committed to an alcohol abuse treatment facility? _____ If yes, give name and address of the treatment facility and discharge date. _____

- 14. 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 under a law of this state or similar law of any other state or the United States? _____

QUESTIONS RELATED TO OTHER CRIMINAL HISTORY

15. Have you been convicted of a crime(s) that involves contact or threat of contact with a family member? _____
16. Have been convicted of a crime of violence? _____
17. Have you been convicted of any crime involving the use of a weapon? _____
18. Have you ever been found guilty of an alcohol related offense while you were carrying a handgun? _____
19. Have you ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one (1) year? _____
20. 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. _____

21. Are you under indictment or information for a crime punishable by imprisonment for a term exceeding one year? _____
22. Are you the subject of an active criminal warrant? Yes No Unknown
(Circle one)

QUESTIONS RELATING TO FEDERAL LAW

23. Have you ever been denied a concealed handgun carry license in any state? _____ If yes, what state? _____
24. Have you ever been denied for the purchase of a firearm through a federal firearms licensee (gun dealer)? _____
25. Have you ever been convicted of a felony? _____
26. Have you have ever served in the Armed Forces and been discharged under dishonorable conditions? _____
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 order 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.

QUESTIONS RELATING TO ARKANSAS LAW

- 32.** Do you declare allegiance to the United States Constitution and the Arkansas Constitution? _____

- 33.** Have you been a resident of Arkansas continuously for at least ninety (90) days prior to the signing of this application? _____

- 34.** Have you been furnished with a copy of ACA §§5-73-301 et seq. (the Arkansas concealed handgun carry licensing law)? _____

- 35.** Are you a citizen of the United States?_____. If you are a United States citizen and you were born outside the United States, please supply proof of United States citizenship.

- 36.** Have you ever renounced your United States Citizenship? _____

- 37.** Are you at least twenty-one (21) years of age at the time of signing this application?_____

- 38.** Have you ever been convicted of a crime of domestic abuse? _____

- 39.** Do you desire a legal means to carry a concealed handgun to defend yourself? _____

- 40.** Have you satisfactorily completed a training course as prescribed and approved by the Director? _____ (the training must have been completed within six (6) months of initial application receipt date and within 12 months of the renewal application receipt date.)

- 41.** Are you applying for a restricted or unrestricted license? _____

I hereby state that all information on this application is correct. I understand that knowingly giving a false statement or submitting a false document will subject me to criminal prosecution, preclude future concealed handgun license issuance, and/or immediate revocation of any license already issued by the Department.

I give my consent and release to the Arkansas State Police to conduct a thorough investigation into my qualifications to be licensed to carry a concealed handgun, for any records or reports held by any physician, medical professional, medical facility, mental institution (private, state or federal) or for any law enforcement agency to furnish detailed information from their records as it relates to my application. A copy of this authorization shall serve in the place of and the same as the original. This release is continuing in force and effect so as long as I hold or attempt to hold an Arkansas concealed handgun carry license.

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