



# ARKANSAS STATE POLICE

## Concealed Handgun Carry License FIREARMS SAFETY TRAINING INSTRUCTOR REGISTRATION APPLICATION FORM

CHCL Office use only Date received: \_\_\_\_\_

Instructor Registration # \_\_\_\_\_

Date first written test given: \_\_\_\_\_ By: \_\_\_\_\_ Score: \_\_\_\_\_

Date second written test given: \_\_\_\_\_ By: \_\_\_\_\_ Score: \_\_\_\_\_

Score on passing written test: \_\_\_\_\_ Date Approved: \_\_\_\_\_ By: \_\_\_\_\_

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

Home phone number: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Do you hold a current valid Arkansas Concealed Handgun Carry License?** \_\_\_\_\_  
If yes, what is the number? \_\_\_\_\_

An applicant for a registration as a Firearm Safety Training Instructor must meet the qualifications as outlined in the Arkansas State Police Concealed Handgun Carry Licensing Rules.

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

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

**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 RELATING TO 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 found guilty 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 RELATING TO ALCOHOL**

12. Do you chronically and habitually use an 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 last three (3) years 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 RELATING 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. Have you ever been convicted of the offense of carrying a weapon? \_\_\_\_\_

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

**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 federally licensed firearms dealer (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 filing of this application for registration? \_\_\_\_\_
- 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 by the date of this application for registration? \_\_\_\_\_
- 38.** Have you ever been convicted of domestic abuse? \_\_\_\_\_
- 39.** Have you satisfactorily completed a training course as prescribed and approved by the Director? \_\_\_\_\_

**Qualifying certificates and documentation must accompany the application.**

- ( ) 1. Holds a valid firearm instructor's certificate issued by the Arkansas Commission on Law Enforcement Standards and Training.
- ( ) 2. Holds a current and valid Basic Pistol Shooting Course as a Certified Pistol Instructor; and Range Officer Safety Course as a Certified Chief Range Safety Officer Instructor; or
- ( ) 3. Holds a current and valid firearm instructor's certification issued by a federal law enforcement agency; or

( ) 4. Has been approved by the Director, if it is determined that the applicant is qualified through experience, education or other factors.

A copy of the certification of completion of the course by the issuing entity shall accompany this application.

**NOTICE TO APPLICANT FOR FIREARMS SAFETY  
TRAINING INSTRUCTOR REGISTRATION**

Providing false or deliberately misleading information on this application is a violation of Arkansas law and is punishable as set forth in the provisions of ACA §5-73-305. An instructor found to have falsified any information in this application shall be subject to suspension or revocation of his/her instructor certificate and to possible criminal prosecution. This registration alone does not allow the instructor to carry a concealed handgun, without also applying for a license under ACA §5-73-309.

**VERIFICATION STATEMENT**

I give my consent and release to the Arkansas State Police to conduct a thorough investigation into my qualifications to be a registered firearms safety training instructor, any records or reports held by any physician, medical professional, medical facility, mental institution (private, state or federal) or law enforcement agency to furnish detailed information from their records as it relates to my application for registration. A copy of this authorization shall serve in the place of and the same as the original. This release is continuing as long as I hold or attempt to hold an Arkansas State Police Concealed Handgun Carry License Firearm Safety Training Instructor registration.

The individual named below requests approval for registration as an Arkansas Concealed Handgun Carry License Firearm Safety Training Instructor; and, by completing this application, attests that he/she has been furnished a copy of Arkansas Code Annotated §5-73-301 through 320 and §5-73-402 and understands those provisions. The applicant further attests that he/she meets all the qualifications to be licensed to carry a concealed handgun as provided in ACA §§5-73-301 et seq. The applicant verifies that the information given and representations made herein are true and correct and that he/she has read, understood and will comply with applicable law and Arkansas State Police rules and guidelines.

Signature Of Applicant: \_\_\_\_\_  
(First/MI/Last Name)

Date: \_\_\_\_\_