

**Instructions for  
Transfer  
of a Concealed Handgun Carry License (CHCL)  
to Arkansas from a state that has CHCL reciprocity with Arkansas**

**You must send us:**

- 1.** A properly completed Arkansas Concealed Handgun Carry License Application form indicating ***Transfer Application***.
- 2.** A check or money order, for **\$79.25** payable to the **ARKANSAS STATE POLICE**. (\$35.00 transfer fee, \$25.00 state background check fee and \$19.25 federal background check fee).
- 3.** Two (2) legible properly completed fingerprint cards. These cards are blue lined “applicant” cards with ORI AR920570Z and are only available from an ASP Troop Headquarters (see map on website for locations), ASP Headquarters in Little Rock or from a firearms safety course training instructor (see listing on website).
- 4.** The original valid Concealed Handgun Carry License from the reciprocal state. (It will be retained in our file.)

Send the 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.



# ARKANSAS STATE POLICE

## Concealed Handgun Carry License **Transfer** Application Form

*Please print or type clearly and provide all requested information*

Full name: \_\_\_\_\_  
LAST FIRST MIDDLE Jr., Sr., or III (if applicable)

Give all other names you have ever used: \_\_\_\_\_

State transferring from: \_\_\_\_\_ CHCL number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_ Sex: \_\_\_\_  
City State

Social Security #: \_\_\_\_\_ Driver's license #: \_\_\_\_\_ Exp date: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Height: \_\_\_\_\_ feet \_\_\_\_\_ inches

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

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

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

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

List the **County** of your physical residence: \_\_\_\_\_

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

In the reciprocal state, did your license authorize you to carry a semi-automatic handgun?  
YES \_\_\_\_ NO \_\_\_\_

*Please supply contact information so we may reach you if we have questions or problems with your application packet.*

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

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

Please print clearly

If you must explain an answer to a question on this application, please do so on a separate piece of paper.

### QUESTIONS RELATING TO MENTAL HEALTH

1. Have you ever been adjudicated as a mental defective or mentally incompetent? \_\_\_\_\_ . If yes, explain further on a separate piece of paper.
2. Have you ever been **voluntarily** committed to a mental institution or mental health treatment facility? \_\_\_\_\_. If yes, explain further on a separate piece of paper.
3. Have you ever been **involuntarily** committed to a mental institution or mental health treatment facility? \_\_\_\_\_. If yes, explain further on a separate piece of paper.
4. Do you suffer from a mental infirmity that prevents the safe handling of a handgun?  
\_\_\_\_\_

**QUESTIONS RELATED TO THE USE OF CONTROLLED SUBSTANCES**

5. In the last three (3) years, have you been **involuntarily** committed to a treatment facility for the abuse of a controlled substance? \_\_\_\_\_
6. In the last three (3) years, have you ever been **voluntarily** committed to a treatment facility for the abuse of a controlled substance? \_\_\_\_\_
7. Have you ever been convicted of a crime under state or federal law relating to a controlled substance? \_\_\_\_\_ If yes, what was the date of that conviction? \_\_\_\_\_
8. 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.) \_\_\_\_\_
9. 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**

10. Do you chronically and habitually use any alcoholic beverage to the extent that your normal faculties are impaired? \_\_\_\_\_
11. 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. \_\_\_\_\_
12. 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? \_\_\_\_\_. If yes, explain further on a separate piece of paper.

**QUESTIONS RELATED TO OTHER CRIMINAL HISTORY**

13. Have you been convicted of a crime(s) that involves physical contact or threat of physical contact with a family member? \_\_\_\_\_. If yes, explain further on a separate piece of paper
14. Have been convicted of a crime of violence? \_\_\_\_\_ If yes, explain further on a separate piece of paper.

15. Have you been convicted of any crime involving the **use** of a weapon? \_\_\_\_\_

16. Have you ever been found guilty of an alcohol related offense while you were carrying a handgun? \_\_\_\_\_ If yes, explain further on a separate piece of paper.

17. Have you ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one (1) year? \_\_\_\_\_. **NOTE** - *if you have been arrested and convicted of a felony in Arkansas after March 13, 1995, you must have a Governor's pardon with firearms rights restored. Just having the conviction sealed or expunged will not restore your firearms rights.*

18. 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. \_\_\_\_\_

19. Have you recently been arrested for or are you under indictment or information for a crime punishable by imprisonment for a term exceeding one year? \_\_\_\_\_ If yes, explain further on a separate piece of paper

20. Are you the subject of an active criminal warrant? Yes No Unknown  
(Circle one)

**QUESTIONS RELATING TO FEDERAL LAW**

21. Have you ever been denied a concealed handgun carry license in any state? \_\_\_\_\_ If yes, what state? \_\_\_\_\_

22. Have you ever been denied for the purchase of a firearm through a federal firearms licensee (gun dealer)? \_\_\_\_\_ If yes, explain further on a separate piece of paper.

23. Have you ever been convicted of a felony? \_\_\_\_\_ **NOTE** - *if you have been arrested and convicted of a felony in Arkansas after March 13, 1995, you must have a Governor's pardon with firearms rights restored. Just having the conviction sealed or expunged will not restore your firearms rights.*

24. Have you ever served in the Armed Forces and been discharged under dishonorable conditions? \_\_\_\_\_ (dishonorable discharge or dismissal)

25. Have you ever been convicted of an offense at an Armed Forces General Court Martial? \_\_\_\_\_ If so, what was the offense? \_\_\_\_\_

26. Are you a fugitive from justice? \_\_\_\_\_

27. Are you subject to any law that makes it unlawful to receive, possess or transport any firearm? \_\_\_\_\_

28. 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: \_\_\_\_\_

29. Are you an illegal or unlawful alien? \_\_\_\_\_

**30.** Are you the subject of a court order, such as a restraining 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**

**31.** Do you declare allegiance to the United States Constitution and the Arkansas Constitution? \_\_\_\_\_

**32.** Are you a citizen of the United States?\_\_\_\_\_. If you are a United States citizen who was born outside the United States, please supply proof of United States citizenship.

**33.** Have you ever renounced your United States Citizenship? \_\_\_\_\_

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

**35.** Have you ever been convicted of a crime of domestic abuse? \_\_\_\_\_. If yes, please explain on a separate piece of paper.

**36.** Do you desire a legal means to carry a concealed handgun to defend yourself? \_\_\_\_\_

I understand that I will be bound by the Arkansas State Police Concealed Handgun Carry License Rules and Arkansas Code Annotated §§5-73-301 et seq. (the Arkansas concealed handgun carry licensing laws) that can be found through the Arkansas State Police website.

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)