

## ARKANSAS STATE POLICE

## **Concealed Handgun Carry License** Lost or Destroyed License Replacement Request Form PLEASE TYPE OR PRINT LEGIBLY

Name:					
LAST	FIRST		MIDDLE		
Arkansas Concealed Handgun	Carry License #:			Exp date:	
Physical address:		(STREE	Γ)		
		(STREE)	1)		
(CITEXT)	·		COLDITAL	, AR(ZIP CODE)	
(CITY)		(	COUNTY)	(ZIP CODE)	
Mailing address:			·		
	(P. O.	BOX #, ETC.)			
				. AR	
(CITY)		(COUNTY)		, AR(ZIP CODE)	
Date of Birth:	Race:	Sex:	Cell Phone no	umber:	
Daytime telephone number:(	)		E-mail address:		
Arkansas driver's license numb	er:			Expiration date:	
applicant, by completing this fo	rm, swears or afted handgun purs	firms that he/sh	ne is in complian	nsas law Ark. Code Ann §5-73-30 ce with and meets all the qualifica Ark Code Ann §5-73-308 and §5	itions to
I hereby state under oath that th	e representations	s made herein a	re true and corre	ect.	
Signature of Applicant:				Date:	
This form <b>MUST</b> be notarized	(First/MI/Last Nar	ne)		(Month/Day/Year) blice.	
State of Arkansas County of Subscribed and sworn before	e me a notary p	oublic in and	for the county	aforesaid this day of	
Notary Public Signature:				mission expires:	
YOU MUST ENCLOSE THE I		ITH THIS RE	QUEST:		
<ol> <li>This properly completed for</li> <li>A legible copy of your Arka</li> </ol>		Handoun Carry	License (if noss	ihle)	
3. A legible copy of your Arka				1010).	
4. A check or money order for					

Mail your request packet to: Arkansas State Police, CHCL Section, 1 State Police Plaza Drive, Little Rock, AR 72209