



ARKANSAS STATE POLICE

Concealed Handgun Carry License Change of Name and/or Address Notification Form

You may print this form, fill it in and mail it to Arkansas State Police, CHCL Section, 1 State Police Plaza Drive, Little Rock, AR 72209 (please print or type legibly),

or

e-mail it to info@asp.arkansas.gov or to the **ASP/CHL UNIT E-Mail Inquiries** link on our website. <http://asp.ar.gov/>

Arkansas Concealed Handgun Carry License Number: _____

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

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

Previous Physical Address: _____

City State ZIP

New Physical Address: _____

City State ZIP

Previous Mailing Address: _____

City State ZIP

New Mailing Address: _____

City State ZIP

Arkansas Driver's License Number: _____

Daytime phone #: _____ Cell phone #: _____

E-mail address: _____

An updated concealed handgun carry license will not be printed. If you would like an update license with your new name, please fill out the Lost or Destroyed License form from our website.

Please retain a completed copy of this form for your files.