

ARKANSAS STATE POLICE
Concealed Handgun Carry License
RENEWAL INSTRUCTIONS

You must submit the following RENEWAL PACKET:

1. A *properly completed renewal form*.
2. The *properly completed "Certificate Of Training" form* reflecting completion of the renewal training course within twelve (12) months prior to the license expiration or renewal date. The renewal training must include "live fire". Contact a Concealed Handgun Carry License Firearms Safety Training Instructor for the course.
3. If your license is not expired, send a **check or money order** for **\$60.00**, payable to the "Arkansas State Police".
If your license is expired less than six months, add an additional \$15.00.
If your license is expired over six months, you will not use this form, but will need to begin the application process with a new application and not a renewal.

The Department will accept the application packet prior to the 90 days before renewal, although the license will not be issued until closer to the renewal date.

4. A legible *copy of your Arkansas Concealed Handgun Carry License*.
5. A legible *copy of your Arkansas Driver's License*.

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

TIMELY RECEIPT OF THE RENEWAL PACKET IS DETERMINED BY ASP RECEIPT DATE, NOT MAILING OR POSTMARK DATE.

Do not send in this instruction page with your renewal packet.



ARKANSAS STATE POLICE

Concealed Handgun Carry License New or Renewal Application Certification of Training

(Please print clearly and provide all requested information)

Fax this properly completed form to (501) 618-8535

NOTICE: Knowingly providing false information on this form could result in criminal prosecution or revocation or non-issuance of an Arkansas concealed handgun carry license.

The applicant by completing this form, swears or affirms that he/she have successfully completed the required training for an Arkansas concealed handgun carry license as required by Arkansas Code Annotated §§5-73-301 et seq. and the Arkansas State Police Concealed Handgun Carry License Rules.

The instructor(s) by completing this form, swears or affirms that he/she have successfully administered the required training for an Arkansas concealed handgun carry license as required by Arkansas Code Annotated §§5-73-301 et seq. and the Arkansas State Police Concealed Handgun Carry License Rules, including "live fire".

I hereby state under oath that the representations made herein are true and correct

Completion Date of Training: _____ CHCL # _____
(if renewal)

Qualified with Semiautomatic _____ Revolver _____

On-line Authorization # _____
(if applicable)

Name of the Applicant: _____
(First/MI/Last Name)

Do you want the license mailed to the Post Office Box that you have on file with your concealed carry license information?^(check one) Yes No Don't have a Post Office Box
If you do not have a Post Office Box on file, we will mail the license to your physical address.

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

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*Please write clearly*

Name of Instructor: \_\_\_\_\_ ASP # \_\_\_\_\_  
(First/MI/Last Name)

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) (Month/Day/Year)

**INSTRUCTORS ONLY:** Instructors who apply for new or renewal of their Arkansas concealed handgun carry license can, in lieu of a training certificate, send in a copy of their current firearm safety training instructor registration certificate issued by the Department.



# ARKANSAS STATE POLICE

## Concealed Handgun Carry License **RENEWAL** Form

Please print or type clearly and provide all requested information

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

Arkansas Concealed Handgun Carry License #: \_\_\_\_\_ Exp date: \_\_\_\_\_

NOTE: If your license is expired over six months, you will not use this form, but will need to begin the application process with a new application and not a renewal.

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

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

List the **county** you live in: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

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

Daytime telephone number: (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(so we may contact you if we have questions) (required)

Arkansas driver's license number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Race: \_\_\_\_ Sex: \_\_\_\_ Hair color: \_\_\_\_ Eye color: \_\_\_\_ Height: \_\_\_\_  
City State

**NOTICE:** Knowingly providing false information on this form is against Arkansas law (Ark. Code Ann §5-73-305).

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 have 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. 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.

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

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

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 have familiarized myself with latest Arkansas laws and rules relating to Arkansas concealed handgun carry licensing.** (See the Arkansas State police website for the latest version of the laws and rules)

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: \_\_\_\_\_