

**FOR NEW CHCL APPLICATIONS RECEIVED AFTER TO OCTOBER 1, 2016**

**ARKANSAS STATE POLICE (ASP)  
NEW CONCEALED HANDGUN CARRY LICENSE (CHCL) APPLICATION INFORMATION**

**PLEASE APPLY ON-LINE THROUGH THE ARKANSAS STATE POLICE WEBSITE:  
[HTTPS://WWW.ARK.ORG/ASPLICENSE/CHCL\\_APPLICATION/CHCL.ASPX](https://www.ark.org/asplicense/chcl_application/chcl.aspx)**

Paper applications must be completed in ink, however typewritten applications are preferred. **Incomplete or Illegible documents could lead to denial of the application.** Additionally, giving false, inaccurate or incomplete information on the application packet could result in license denial and/or criminal charges.

The applicant for an Arkansas concealed handgun carry license must submit the following items to the ASP:

- 1) A properly-completed Arkansas Concealed Handgun Carry License Application form (preferably on-line) indicating **New Application**. Please make a copy of the application for your records. You will receive a confirmation/authorization number for your records if you apply on-line. If you choose to mail-in your application, the application form can be obtained from your instructor.
- 2) **The following fees apply to applications submitted AFTER OCTOBER 1, 2016:**
  - 64 years of age and younger - new application fees are **\$137.00\***
  - 65 years of age and older - new application fees are **\$87.00\***

\*\*\* A transaction fee will be charged by INA for credit card payments.

You can pay on-line or in person at ASP Headquarters in Little Rock with a credit card. If you mail in your application, you may send a check or money order payable to the ARKANSAS STATE POLICE. **Do not send Cash. All fees are NON-REFUNDABLE.**

- (3) A full set of **classifiable fingerprints** of the applicant; (ONLY blue applicant fingerprint cards with AR920570Z printed in the ORI field/section will be accepted). The fingerprint card must be completed in BLACK INK. Applicants are responsible for obtaining a complete, classifiable set of fingerprints. It is strongly suggested that fingerprinting be accomplished either through your local law enforcement agency, a private fingerprinting business utilizing a trained fingerprint technician, or your firearms safety instructor. **DO NOT FOLD THE FINGERPRINT CARD.**
- (4) A properly completed **training certificate** from a firearms safety instructor who is registered with the ASP. The application must be received by this office or completed on-line within six (6) months of the training date. Timely receipt from the six (6) month training date is determined by the date asp received it, not mailing or postmark date.

Submit application by mail to: **Arkansas State Police, CHCL Section, 1 State Police Plaza Drive. Little Rock, AR 72209.** You may also deliver your application packet to Arkansas State Police Headquarters at Interstate 30 and Geyer Springs Road (Exit 133) Little Rock.

**You can check the status of your application on-line at [www.arkansas.gov/chcl](http://www.arkansas.gov/chcl)**

**\*\* YOUR FIREARMS SAFETY INSTRUCTOR MAY ASSIST YOU WITH QUESTIONS ABOUT THE APPLICATION PROCESS OR YOU CAN E-MAIL ANY QUESTIONS TO [CHCLINFO@ASP.ARKANSAS.GOV](mailto:CHCLINFO@ASP.ARKANSAS.GOV)**



**CONCEALED HANDGUN CARRY LICENSE APPLICATION FORM  
DEPARTMENT OF ARKANSAS STATE POLICE**

*(Please print clearly and provide all requested information)*

Check one: **New Application**  **Renewal Application**  **Transfer Application**

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 #: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP

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

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

*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: \_\_\_\_\_

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

If you must explain an answer to a question, 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 giving details of the proceedings or providing court documentation.
2. Have you ever been **voluntarily** committed (overnight stay) to a mental institution or mental health treatment facility? \_\_\_\_\_. If yes, please provide the name of the facility, its address, city and state on a separate piece of paper.
3. Have you ever been **involuntarily** committed (overnight stay) to a mental institution or mental health treatment facility? \_\_\_\_\_. If yes, please provide the name of the facility, its address, city and state on a separate piece of paper.
4. Do you suffer from a mental or physical infirmity that prevents the safe handling of a handgun? \_\_\_\_\_
5. Have you ever threatened or attempted suicide? \_\_\_\_\_

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

6. In the last three (3) years, have you been **voluntarily** or **involuntarily** committed (overnight stay) to a treatment facility for the abuse of a controlled substance? \_\_\_\_\_ If yes, please provide the name of the facility, its address, city and state on a separate piece of paper.
7. Have you ever been convicted of a crime 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 (overnight stay) 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.
13. 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.

**QUESTIONS RELATED TO OTHER CRIMINAL HISTORY**

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

**15.** Have you been convicted of a crime of violence? \_\_\_\_\_ If yes, explain further on a separate piece of paper.

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

**17.** Have you ever been convicted of a felony? \_\_\_\_\_ *NOTE – if you were sentenced after March 13, 1995, you must have a governor’s pardon with firearms possession rights restored. A seal/expungement order will not necessarily 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. \_\_\_\_\_

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

**QUESTIONS RELATING TO FEDERAL LAW**

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

**21.** 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.

**22.** Have you ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one (1) year? \_\_\_\_\_.

**23.** 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.

**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.

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

**QUESTIONS RELATING TO ARKANSAS LAW**

**32.** Are you a citizen of the United States? \_\_\_\_\_

**a.** If **yes**, do you declare allegiance to the United States Constitution and the Arkansas Constitution? \_\_\_\_\_

**b.** If **no**, are you a permanent legal resident of the United States? \_\_\_\_\_ If yes, please attach proof of your current status.

**If you were born outside the United States** please send a copy of your United States Passport; United States birth certificate; US citizen born abroad certificate; OR Permanent resident card issued by the United States.

**33.** Have you been a resident of Arkansas continuously for at least ninety (90) days prior to the signing of this application (does not apply to transfers)? \_\_\_\_\_

**34.** Have you been furnished with a copy of ACA §§5-73-301 et seq. (the Arkansas concealed handgun carry licensing law) and are you acquainted with the truth and understanding of this subchapter (does not apply to transfers)? \_\_\_\_\_

**35.** Are you at least twenty-one (21) years of age at the time of signing this application? \_\_\_\_\_ If no, are you at least eighteen (18) years of age and a current or former active duty member of the United States military? \_\_\_\_\_ Please provide proof of that status.

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

**37.** Are you applying for an unrestricted license (live-fire qualification was done with a semi-automatic handgun) or restricted license (live-fire qualification was done with a revolver)? \_\_\_\_\_

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. I agree that I shall sign any additional releases as may be required by health care providers to achieve this purpose. 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)