



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 terri.smith@asp.arkansas.gov

Arkansas Concealed Handgun Carry License Number: _____

Arkansas Driver's License Number: _____ Date of Birth: _____

Name as shown on current concealed carry license: (required for all)

Last

First

Middle

New Name: _____

Last

First

Middle

Previous Physical Address: _____

City

State

ZIP

New Physical Address: _____

City

County

State

ZIP

Previous Mailing Address: _____

City

State

ZIP

New Mailing Address: _____

City

State

ZIP

Daytime phone #: _____ E-mail address: _____

An updated concealed handgun carry license with the new address and/or name **will not** be printed unless you also complete and submit the Lost/Replacement License Form with proper payment. See the ASP website for that form:

<http://asp.arkansas.gov/services-and-programs/detail/concealed-handgun-licensing>

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