



**CONCEALED HANDGUN CARRY LICENSE
FIREARMS SAFETY TRAINING INSTRUCTOR
REGISTRATION APPLICATION FORM
DEPARTMENT OF ARKANSAS STATE POLICE**
(Please print clearly and provide all requested information)



*****NOTICE: THE BACKGROUND FEE IS NON-REFUNDABLE*****

Your application may be denied based on the information you provide. Please read the law and the Administrative Rules carefully. If you have questions about your eligibility, please contact the Concealed Handgun Carry License office.

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

Current Concealed Handgun Carry License #: _____ Expiration date: _____

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 #: _____ State

Hair color: _____ Eye color: _____ Height: _____ feet _____ inches

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. Please print clearly.

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. In the last five years, have you 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. _____

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? _____ If yes, please explain further on a separate piece of paper.

23. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? **WARNING: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.** _____ If yes, please explain further on a separate piece of paper.

24. Do you currently possess a medical marijuana registry identification card, including a qualified patient card? _____ If yes, please provide a copy of the card.

25. Have you possessed a medical marijuana registry identification card, including a qualified patient card in the past year? _____ If yes, please explain further on a separate piece of paper.

26. 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.

27. Have you ever served in the Armed Forces and been discharged under dishonorable conditions? _____ (dishonorable discharge or dismissal)

28. Have you ever been convicted of an offense at an Armed Forces General Court Martial? _____ If so, what was the offense? _____

29. Are you a fugitive from justice? _____

30. Are you subject to any law that makes it unlawful to receive, possess or transport any firearm? _____

31. 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: _____

32. Are you an illegal or unlawful alien? _____

33. 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.

34. Have you ever renounced your United States Citizenship? _____

QUESTIONS RELATING TO ARKANSAS LAW

35. 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 of 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.

36. 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)? _____

37. 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)? _____

38. 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 active duty military status.

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I understand that if any information or answer to a question on this application changes during the licensing period that I will immediately notify the Department in writing.

Department recognized firearms instructor training certificates include the following (choose one) and MUST accompany this application.

- () 1. Firearm instructor's certificate issued by the Arkansas Law Enforcement Standards and Training Commission;
- () 2. Completion of a Certified Pistol Instructor Course that is recognized by the Department and completion of a Range Officer Safety Course that is recognized by the Department;
- () 3. Firearm instructor's certification issued by a federal law enforcement or military agency.
- () 4. The Director may, at his or her discretion, approve an application for registration for a person who fails to meet the qualifications as outlined in Rule 14.2(b), if it is determined that the applicant is qualified by experience, education, etc. The registration applicant will still be required to successfully complete the examination administered by the Department.

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 carry license issuance, and/or result in immediate revocation of any license already issued by the Department. I give my consent to the Arkansas State Police to conduct a thorough investigation into my qualifications to be licensed to carry a concealed handgun. I release any records or reports held by any physician, medical professional, medical facility, mental institution, state or federal agency, court or law enforcement agency and authorize all such entities to furnish detailed information from their records as it relates to my application. I agree to sign any additional releases as may be required by any entity 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 as long as I hold or attempt to hold an Arkansas State Police Concealed Handgun Carry License Firearm Safety Training Instructor registration. I understand that my fingerprints that I submit will be used to check the criminal history records of the FBI and that I may challenge the completeness or accuracy of my criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code §12-12-1013. The procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>. The procedures for obtaining a change, correction or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

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