



# ARKANSAS STATE POLICE

## Concealed Handgun Carry License FIREARMS SAFETY TRAINING INSTRUCTOR REGISTRATION APPLICATION FORM

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 #: \_\_\_\_\_  
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.*

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. \_\_\_\_\_

**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? \_\_\_\_\_

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

If no, are you a permanent legal resident of the United States? \_\_\_\_\_

Please attach proof of your current status.

**33.** Have you been a resident of Arkansas continuously for at least ninety (90) days prior to the signing of this application? \_\_\_\_\_

**34.** 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.

**Qualifying certificates and documentation MUST accompany the application.**

- ( ) 1. Holds a valid firearm instructor's certificate issued by the Arkansas Commission on Law Enforcement Standards and Training.
- ( ) 2. Holds a current and valid Basic Pistol Shooting Course as a Certified Pistol Instructor; and Range Officer Safety Course as a Certified Chief Range Safety Officer Instructor; or
- ( ) 3. Holds a current and valid firearm instructor's certification issued by a federal law enforcement agency; or
- ( ) 4. Has been approved by the Director, if it is determined that the applicant is qualified through experience, education or other factors.

**NOTICE TO APPLICANT FOR FIREARMS SAFETY  
TRAINING INSTRUCTOR REGISTRATION**

Providing false or deliberately misleading information on this application is a violation of Arkansas law and is punishable as set forth in the provisions of ACA §5-73-305. An instructor found to have falsified any information in this application shall be subject to suspension or revocation of his/her instructor certificate and to possible criminal prosecution. This registration alone does not allow the instructor to carry a concealed handgun, without also applying for a license under ACA §5-73-309.

**VERIFICATION STATEMENT**

I give my consent and release to the Arkansas State Police to conduct a thorough investigation into my qualifications to be a registered firearms safety training instructor, any records or reports held by any physician, medical professional, medical facility, mental institution (private, state or federal) or law enforcement agency to furnish detailed information from their records as it relates to my application for

registration. 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.

The applicant attests that he/she meets all the qualifications to be licensed to carry a concealed handgun as provided in ACA §§5-73-301 et seq. The applicant verifies that the information given and representations made herein are true and correct and that he/she has read, understood and will comply with applicable law and Arkansas State Police rules and guidelines.

Signature Of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name)