



ARIZONA DEPARTMENT OF PUBLIC SAFETY
**RENEWAL APPLICATION
CONCEALED WEAPONS PERMIT**

CURRENT PERMIT NO.

EXPIRATION DATE

ENSURE ALL BLOCKS ARE FILLED
PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK ONLY

LEGAL NAME (Last, First, Middle)		EMAIL ADDRESS		COUNTY (that you live in)	
RESIDENCE ADDRESS (Street number and name including Apartment/Lot. No P.O. Box)				CITY	STATE ZIP CODE
MAILING ADDRESS (if different from above) (P.O. Box address goes here)				CITY	STATE ZIP CODE
BIRTH DATE (mm/dd/yyyy)	CONTACT PHONE NO. (Include Area Code)		EYE COLOR (Pick one)		HAIR COLOR (Pick one)
ORIGIN / RACE (Pick one) <input type="checkbox"/> American Indian or Alaskan Native (I) <input type="checkbox"/> Asian / Pacific Islander (A) <input type="checkbox"/> Black (B) <input type="checkbox"/> Hispanic / White (W)	SOCIAL SECURITY NO.		<input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Hazel		<input type="checkbox"/> Bald <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Blonde <input type="checkbox"/> Sandy <input type="checkbox"/> Brown <input type="checkbox"/> White
	GENDER (Pick one) <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT (ft/in)			
	WEIGHT (lbs)	PLACE OF BIRTH (State) (Country of birth)			

All applicants: Please answer "YES" or "NO" to each question below. **ALL questions MUST be answered.**

- | YES | NO | |
|------------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States citizen born IN the United States or one of its territories? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States citizen born OUTSIDE of the United States or one of its territories? If YES, submit a copy of one of the following: certificate of naturalization; record of birth abroad to American citizen; record of birth to armed service personnel; or a current United States passport. |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Are you an alien admitted to the United States as a lawful permanent resident? If yes, include required documents (see instructions). |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under indictment for a felony arrest? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony offense? If YES, the conviction must be expunged, set aside, vacated or pardoned; or you must have your firearm rights restored to be considered for a permit. Please provide court documentation. You must not be a prohibited possessor under state or federal law. |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Have you been adjudicated delinquent for a felony? If YES, you must have your firearm rights restored. Please provide court documentation. |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Are you an unlawful user of, or addicted to, any controlled substances? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under indictment for a misdemeanor crime of domestic violence? |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a misdemeanor crime of domestic violence? If YES, the conviction must be set-aside, vacated, expunged or pardoned in order to be considered for a permit. Please provide court documentation. |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Have you been discharged from the United States Armed Forces under <u>dishonorable</u> conditions? If YES, you are disqualified from obtaining a permit. |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Have you been adjudicated as mentally incompetent or committed to a mental institution? If YES, you are disqualified from obtaining a permit. |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Were you discharged or retired from the U.S. Military. If you marked yes, please provide a copy of your DD-214 |

Applications are processed in accordance with Arizona Revised Statute §13-3112 and Arizona Administrative Code Title 13, Chapter 9 which are available on our website at www.azdps.gov/services/public/cwp.

I attest under penalty of perjury that all statements made on this application are true.

I further attest that I have reviewed and am knowledgeable of Arizona Revised Statutes, Title 13, Chapter 4, and Chapter 31.

By signing this application, I agree that any fee overpayment of \$10.00 or less will be automatically donated to the State General Fund. Any overpayment of over \$10.00 will cause the application to be returned for payment adjustment, and the application will not be processed until corrected.

X

APPLICANT SIGNATURE

DATE mm/dd/yyyy