

ARIZONA DEPARTMENT OF PUBLIC SAFETY RENEWAL APPLICATION CONCEALED WEAPONS PERMIT

Mail completed application to CWPU in the envelope provided along with the \$43 fee. Acceptable forms of payment include money order, cashier's or certified check made payable to AZ DPS. No personal checks or cash will be accepted. Mailing address: CWPU P.O. Box 6488, Phoenix, AZ 85005

	<i>cash will be accepted. Mailing add</i> LEGAL NAME (Last)			rst)	λ 0400, ΓΝΟ	(Middle)			
RESIDENCE ADDRESS (Street number and name including Apartment / Lot) CITY								STATE	ZIP CODE
MAILING	ADDRE	SS (if different from above)		CITY				STATE	ZIP CODE
BIRTH DATE (mm/dd/yyyy) CONTACT				T PHONE NO. (In	clude Area Code)	EYE COLOR		HAIR COLOR	
					Black	🗌 Green	🗌 Bald	🗌 Gray	
ORIGIN / RACE				SOCIAL SECURITY NO. (Optional)		🗌 Blue	🗌 Gray	☐ Black	Red or Auburn
🗌 American Indian or Alaskan Native (I)						🗌 Brown	🗌 Hazel	□ Blonde	 ☐ Sandy
🗌 Asian / Pacific Islander (A)			GENDER	HEIGHT					
🗌 Black (B)			🗌 Male					☐ White	
🗌 Hispanic / White (W)			Female	WEIGHT	PLACE (State) OF BIRTH	(Country)			
All applicants: Please answer "YES" or "NO" to each question below. ALL questions MUST be								be answered.	
YES	NO								
		Are you a United St	ates citiz	en born in the United States or one of its territories?					
	 Are you a United States citizen born outside of the United States or one of its territories? If YES, submit a copy of one 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. Are you an alien admitted to the United States as a lawful permanent resident? * 								
"A" nun residen two sep	nber n ncy in parate	nded Yes to the pern nust be clearly visible the state of Arizona. businesses, organiz ne and physical addr	e, and iss Docume ations or	ue and expira entation may in government	ation date mus nclude an Ariz agencies (utili	st be imprinted zona Driver's l ity bills, credit	d on front of card license or ID car card/bank state	d. Submit docur d, or two docur ments, insuranc	mentation to prove nents issued from
	Are you currently under indict			tment for a felony arrest?					
	Have you ever been convicted of a felony offense? If YES, the conviction must be expunded, set aside, vacated 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.								
		Have you been adjudicated delinquent for a felony? If YES, you must have your firearm rights restored. Please provide court documentation.							
		Are you an unlawful user of, or addicted to, any controlled substances?							
		Are you currently under indictment for a misdemeanor crime of domestic violence?							
		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.							
		Have you been discharged from the United States Armed Forces under <u>dishonorable</u> conditions? If YES, you are disqualified from obtaining a permit.							
		Have you been adjudicated as mentally incompetent or committed to a mental institution? If YES, you are disqualified from obtaining a permit.							
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 <u>www.azdps.gov</u> . <i>I attest under penalty of perjury that all statements made on this application are true.</i>									
l atte	st un	der penaltv of periu	rv that a	II statements	s made on th	is application	i are true.		

X APPLICANT SIGNATURE