



ARIZONA DEPARTMENT OF PUBLIC SAFETY
NEW APPLICATION
CONCEALED WEAPONS PERMIT

Q

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 goes here)			CITY	STATE	ZIP CODE
BIRTH DATE (mm/dd/yyyy)		CONTACT PHONE NO. (Include Area Code)		EYE COLOR (Pick one)	
ORIGIN / RACE (Pick one)		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	
				HAIR COLOR (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)		GENDER (Pick one)		HEIGHT (ft/in)	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		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. Are you a United States citizen born **IN** the United States or one of its territories?
 2. 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. Are you an alien admitted to the United States as a lawful permanent resident? If yes, include required document per instructions.
 4. Are you currently under indictment for a felony arrest?
 5. 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. Have you been adjudicated delinquent for a felony? If YES, you must have your firearm rights restored. **Please provide court documentation.**
 7. Are you an unlawful user of, or addicted to, any controlled substances?
 8. Are you currently under indictment for a misdemeanor crime of domestic violence?
 9. 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. Have you been discharged from the United States Armed Forces under dishonorable conditions? If YES, you are disqualified from obtaining a permit.
 11. Have you been adjudicated as mentally incompetent or committed to a mental institution? If YES, you are disqualified from obtaining a permit.
 12. 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 attest that I have satisfactorily demonstrated competence with a firearm through completing a firearms safety course provided by: _____

I further attest that I have reviewed and am knowledgeable of Arizona Revised Statutes, Title 13, Chapters 4 and 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 _____