ARIZONA DEPARTMENT OF PUBLIC SAFETY

CONCEALED WEAPON PERMIT UNIT
RENEWAL APPLICATION

CURRENT PERMIT NO.	EXPIRATION DATE

☐ **Renewal Permit Only** ☐ **Renewal Permit and Renewal Instructor Authorization**

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. We can be reached at (602) 256-6280 or (800) 256-6280 statewide outside the Phoenix area. Mailing address: CWPU P.O. Box 6488 Phoenix, AZ 85005.

LEGAL NAME (Last)	(First)	(M.I.)	COUNTY
RESIDENCE ADDRESS *(Street number and name including Apartment / Lot)*	CITY	STATE	ZIP CODE
MAILING ADDRESS *(If different from above)*	CITY	STATE	ZIP CODE

SOCIAL SECURITY NO. (*Optional*)	CONTACT PHONE NO. *(Include Area Code)*

ORIGIN / RACE

- ☐ **American Indian or Alaskan Native (I)**
- ☐ **Asian / Pacific Islander (A)**
- ☐ **Black (B)**
- ☐ **Hispanic / White (W)**

GENDER ☐ **Female** ☐ **Male**

HEIGHT	WEIGHT

BIRTH DATE (yyyy/mm/dd) / /

EYE COLOR

☐ **Black** ☐ **Gray**
☐ **Blue** ☐ **Hazel**
☐ **Brown**
☐ **Green**

HAIR COLOR

☐ **Bald** ☐ **Gray**
☐ **Black** ☐ **Red or Auburn**
☐ **Blonde** ☐ **Sandy**
☐ **Brown** ☐ **White**

PLACE OF BIRTH (State) (Country)

All applicants: **Please answer "YES" or "NO" to each question below.**

YES	NO	
☐	☐	**Are you a United States citizen born in the United States or one of its territories? If NO, proceed to next question.**
☐	☐	**Are you a United States citizen born outside of the United States or one of its territories? If YES, you do not need to resubmit documents.**

If you responded NO to both of the above, submit a copy (front & back) of your Permanent Resident Alien card ("A" number must be clearly visible). Submit documentation to prove ninety (90) consecutive days of residency just prior to your permit application. Documentation may include a copy of your lease agreement or utility bill.

☐	☐	**Are you currently under indictment for a felony arrest?**
☐	☐	**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 civil rights restored to be considered for a permit. You must not be a prohibited possessor under state or federal law.**
☐	☐	**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.**
☐	☐	**Have you been discharged from the United States Armed Forces under *dishonorable* 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.**

Application 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.

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

X _____ _____

APPLICANT SIGNATURE *DATE*

Authorization as a CCW firearms-safety instructor expires when your CCW permit expires. To renew instructor authorization complete the reverse side (or page two [2]) of this application.

INSTRUCTIONS TO RENEW CCW PERMIT AND FIREARMS-SAFETY INSTRUCTOR AUTHORIZATION

1. Complete the application on the reverse (or page 1).
2 Current documentation that the firearms-safety instructor completed one of the following firearms-safety training instructor programs:
   a. Arizona Basic Police Firearms Instructor training provided by Arizona Police Officers Standards and Training Board.
   b. Police Firearms Instructor Development School provided by the NRA.
   c. Law Enforcement Security Firearms Instructor Development School provided by the NRA.
   d. Pistol Instructor and Personal Protection inside the Home Instructor provided by the NRA.
   e. Law Enforcement Tactical Handgun Instructor provided by the NRA.
   f. Law Enforcement Handgun / Shotgun Instructor provided by the NRA.
   g. Law Enforcement Tactical Shooting Instructor provided by the NRA.
   h. Firearms Instructor Training Program provided by a federal law enforcement agency.

3. Documentation that the firearms-safety instructor instructed or co-instructed at least two firearms-safety training classes within the five years before the firearms-safety instructor authorization expires. Example: copy of training class roster containing the names of at least two students who successfully completed the course and the date of the course.

   In the absence of documentation, the responsible party of the training organization you are on record as training for may sign the below affidavit.

I attest that:

(Print instructor-applicants name) _____ completed at least two CCW firearms- safety training classes within the five (5) years before the firearms-safety authorization expires.

Responsible Party of Authorized Training Organization:

(Print name) _____

(Signature) X _____

Training Organization Number: _____

If the authorization of a firearms-safety instructor expires, the former firearms-safety instructor shall immediately stop providing firearms-safety training. The former firearms-safety instructor may apply again for authorization under R13-9-308.

To ensure timely communication from the Department, an authorized firearms-safety instructor shall provide notice to the Department within 10 days after a change of address or contact telephone number.

If mail from the Department to an authorized firearms-safety instructor is returned to the Department because it is undeliverable, the Department shall administratively suspend the firearms-safety instructor's authorization until the firearms-safety instructor submits updated information.