



ARIZONA DEPARTMENT OF PUBLIC SAFETY  
**RENEWAL APPLICATION**

|                    |                 |
|--------------------|-----------------|
| CURRENT PERMIT NO. | EXPIRATION DATE |
|--------------------|-----------------|

**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**

|   |  |   |   |
|---|--|---|---|
| LEGAL NAME (Last)   | (First)  | (Middle)  | 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)                            | EYE COLOR   | HAIR COLOR  |
| ORIGIN / RACE<br><input type="checkbox"/> American Indian or Alaskan Native (I)<br><input type="checkbox"/> Asian / Pacific Islander (A)<br><input type="checkbox"/> Black (B)<br><input type="checkbox"/> Hispanic / White (W) | BIRTH DATE (mm/dd/yyyy)  | <input type="checkbox"/> Black <input type="checkbox"/> Green<br><input type="checkbox"/> Blue <input type="checkbox"/> Gray<br><input type="checkbox"/> Brown <input type="checkbox"/> Hazel | <input type="checkbox"/> Bald <input type="checkbox"/> Gray<br><input type="checkbox"/> Black <input type="checkbox"/> Red or Auburn<br><input type="checkbox"/> Blonde <input type="checkbox"/> Sandy<br><input type="checkbox"/> Brown <input type="checkbox"/> White |
|   | GENDER   | HEIGHT  |   |
|   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | WEIGHT  | PLACE (State) OF BIRTH (Country)  |
|   |  |   |   |

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

- |                          |                          |   |
|--------------------------|--------------------------|---|
| YES                      | NO                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States citizen born in the United States or one of its territories?  |
| <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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you an alien admitted to the United States as a lawful permanent resident? *  |

\*If you responded Yes to the permanent resident question, submit a copy (front & back) of your Permanent Resident Alien card ("A" number must be clearly visible and issue and expiration date must be imprinted on front of card). Submit documentation to prove ninety (90) consecutive days of residency in the state of Arizona just prior to your permit application. Documentation may include a copy of your lease agreement or utility bill.

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under indictment for a felony arrest?   |
| <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. <b>Please provide court documentation.</b> You must not be a prohibited possessor under state or federal law. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been adjudicated delinquent for a felony? If YES, you must have your firearm rights restored. <b>Please provide court documentation.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you an unlawful user of, or addicted to, any controlled substances?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under indictment for a misdemeanor crime of domestic violence?  |
| <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. <b>Please provide court documentation.</b>  |
| <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.  |
| <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  |

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](http://www.azdps.gov).

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

|                     |                 |
|---------------------|-----------------|
| X                   |                 |
| APPLICANT SIGNATURE | DATE mm/dd/yyyy |