

CONCEALED WEAPONS PERMIT

NEW APPLICATION PACKET INSTRUCTIONS

- Before completing the application, review and become knowledgeable of Arizona Revised Statutes Title 13, Chapters 4 and 31 (<https://www.azleg.gov/arstitle/>). You are required to attest you have done so on the application.

INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED

NEW APPLICATION PACKET Required Documents:

1. Complete New *Concealed Weapons Permit Application*.
 - A. Complete and sign the application in black ink or fill out the PDF form online, print and sign.
 - B. Make sure all fields are filled out and all questions are answered.
2. Required Supporting Documents: *Copies are accepted. Do not send originals as they will not be returned.*
 - A. Demonstrated competence with a firearm:
 - 1) Submit adequate documentation that you have satisfactorily completed a training program or demonstrated competence with a firearm in any state or political subdivision in the United States under A.R.S. §31-3112§(6)(a) through (d) or (N)(1) through (8).
 - B. Proof of Identity:
 - 1) Government-issued photo identification (ID) such as a driver license, state-issued identification card, or passport.
 - 2) IF born outside the United States or one of its territories, submit a copy of one of the following:
 - a. Record of birth abroad to an American citizen.
 - b. Record of birth to Armed Service personnel.
 - c. Passport issued by the United States
 - d. Certificate of Naturalization
 - 3) IF not a citizen of the United States, you must be a resident of Arizona. Conditional Residents do not qualify for an AZ Permit. Submit a copy of each of the following:
 - a. A permanent resident alien card (front and back), USCIS Form I-94, or other federally issued document authorizing the applicant to be in the United States.
 1. Copy of a resident alien card must have the following:
 - a) Clearly visible "A" number.
 - b) The issue and expiration dates must be imprinted on the front of the card.
 - c) The card must be current for the entire duration of CCW permit issuance.
 - b. Proof of Arizona residency (as defined by A.R.S. §28-2001):
 1. Arizona Driver License or ID Card matching the address on the application, or
 2. Two documents issued from separate businesses, organizations, or government agencies (utility bills, credit card/bank statements, insurance policy, lease, etc.) with your legal name, as shown on your AZ DL or ID Card, and physical address listed (not a PO Box), matching the address provided on your application.
3. Payment:
 - A. \$60 money order, cashier's check, or certified check payable to **AZ DPS**.
 - B. Please add applicant name to payment.
 - C. **NO** personal checks, business checks, or cash will be accepted. Your application will be returned without being processed.
4. Two (2) Fingerprint Cards:
 - A. Fingerprints shall be taken by a qualified fingerprint technician.
 - B. All boxes must be filled in.
 - C. It is recommended you contact your local law enforcement agency or professional fingerprinting service.

Mail New Application Packet to:

**AZ DPS CWPU
PO BOX 6488
PHOENIX AZ 85005**



ARIZONA DEPARTMENT OF PUBLIC SAFETY

**NEW APPLICATION
CONCEALED WEAPONS PERMIT****(R)****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) ☐ American Indian or Alaskan Native (I) ☐ Asian / Pacific Islander (A) ☐ Black (B) ☐ Hispanic / White (W)		SOCIAL SECURITY NO.		☐ Black ☐ Green			
				☐ Blue ☐ Gray			
		GENDER (Pick one) ☐ Male ☐ Female		HEIGHT (ft/in)		☐ Bald ☐ Gray	
		WEIGHT (lbs)		PLACE (State) OF BIRTH		☐ Black ☐ Red or Auburn ☐ Blonde ☐ Sandy ☐ Brown ☐ White	

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 <u>dishonorable</u> 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. |

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



DOUGLAS A. DUCEY HESTON SILBERT
Governor Director

ARIZONA DEPARTMENT OF PUBLIC SAFETY
2102 WEST ENCANTO BLVD. P.O. BOX 6638 PHOENIX, ARIZONA 85005-6638 (602) 223-2000

“Courteous Vigilance”

Privacy Act Statement

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, state statutes pursuant to publ. L. 92-544, Presidential Executive Orders and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or it’s successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determination; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFT, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.

To obtain a copy of your Arizona criminal history record to review, update or correct, you can contact Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 or go to <http://www.azdps.gov/services/public/records/criminal> to obtain a Review and Challenge packet.

KEEP THIS PAGE FOR YOUR RECORDS - DO NOT RETURN TO DPS

**By signing the Concealed Weapons Permit Application,
you are acknowledging you have read this “Privacy Act Statement”.**