

# INSTRUCTIONS FOR APPLYING FOR THE ARIZONA PERMIT

- Your application to the state of Arizona must include:
  1. A completely filled out application (see below)
  2. Two fingerprint cards
  3. Photocopy of WKH Legal Heat certificate of completion
  4. A 0RQH\ 2UGHU IRU \$60 payable to: AZ DPS.
- The application packet (including the above mentioned materials) should be mailed to:

Arizona Department of Public Safety – CWPU  
P.O. Box 6488  
Phoenix, Arizona 85005

- In order to qualify to obtain an Arizona permit applicants must:
  1. be a resident of this state or a United States citizen;
  2. be twenty-one years of age or older;
  3. not be under indictment for a felony offense;
  4. not be convicted of a felony offense, unless the conviction has been expunged, set aside, vacated or pardoned, or the individuals right to possess firearms has be restored AND the individual must not be a prohibited possessor under state or federal law.
  5. not suffer from mental illness and been adjudicated mentally incompetent or committed to a mental institution; (6) not be unlawfully present in the United States; (7) complete a firearms safety training program.

You may have an application packet mailed to you by calling 800 256-6280.



ARIZONA DEPARTMENT OF PUBLIC SAFETY  
CONCEALED WEAPON PERMIT UNIT  
PERMIT APPLICATION

Use Black Ink

SAMPLE

PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK ONLY.

LEGAL NAME (Last)		(First)	(Middle)	COUNTY
Last Name		First Name	Middle	Your County
RESIDENCE ADDRESS (Street number and name including Apartment / Lot)		CITY	STATE	ZIP CODE
1111 S 2222 W		Ogden	UT	84414
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP CODE
SOCIAL SECURITY NO. (Optional)		CONTACT PHONE NO. (Include Area Code)		EYE COLOR
Optional		888-888-8888		<input type="checkbox"/> Black <input type="checkbox"/> Green
ORIGIN / RACE		GENDER		<input checked="" type="checkbox"/> Blue <input type="checkbox"/> Gray
<input type="checkbox"/> American Indian or Alaskan Native (I)		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Brown <input type="checkbox"/> Hazel
<input type="checkbox"/> Asian / Pacific Islander (A)		HEIGHT	WEIGHT	HAIR COLOR
<input type="checkbox"/> Black (B)		6'5"	205	<input checked="" type="checkbox"/> Bald <input type="checkbox"/> Gray
<input checked="" type="checkbox"/> Hispanic / White (W)		BIRTH DATE (mm/dd/yy)	PLACE (State) OF BIRTH	<input type="checkbox"/> Black <input type="checkbox"/> Red or Auburn
		10/10/1946	UT	<input type="checkbox"/> Blonde <input type="checkbox"/> Sandy
			USA	<input type="checkbox"/> Brown <input type="checkbox"/> White

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

- | YES                                 | NO                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are you a United States citizen born in the United States or one of its territories? If NO, proceed to next question.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>            | <input checked="" 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.<br><i>*If you responded NO to both of the above, submit a copy (front &amp; 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.</i> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are you currently under indictment for a felony arrest?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>            | <input checked="" 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 civil rights restored to be considered for a permit. You must not be a prohibited possessor under state or federal law.                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you been adjudicated delinquent for a felony? If Yes, you must have your firearm rights restored                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are you an unlawful user of, or addicted to, any controlled substances?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are you currently under indictment for a misdemeanor crime of domestic violence?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>            | <input checked="" 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 checked="" 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 YOUR SIGNATURE HERE

DATE

APPLICANT SIGNATURE

DATE



## INSTRUCTIONS

1. Complete and sign page one of application.
  - a. Your social security number is requested in accordance with AAC R13-9-202(1)(d). Disclosure is voluntary and the information will be used as an identification tool. Failure to provide the information may impact our ability to immediately verify an applicant's identity resulting in processing delays.
2. Review and become knowledgeable of Arizona Revised Statutes Title 13, Chapter 4 and Chapter 31 on the Arizona State Legislature web site: <http://www.azleg.gov/ArizonaRevisedStatutes.asp>.
3. All applicants must complete & sign the Firearms Qualifications & Statutory Review Affidavit (below)
4. Ensure instructor has filled out and signed the 8-Hour Completion Certificate (below), if the DPS CCW Course was taken. The certificate is valid for 60 months from date of issuance.
5. If applicable attach an NRA or Game and Fish certificate of completion, a governmental police agency firearms training certificate of completion or US Department of Defense DD-214.
6. Submission of fingerprints is required of all initial CCW applicants. DPS does not provide fingerprint services. However, fingerprint services may be available at your local law enforcement agency or through a private fingerprint service.
  - a. Fingerprint data is transmitted electronically to the FBI for processing. If the FBI is unable to process the images, the Concealed Weapon Permit Unit will mail a reject notice, blank fingerprint card and pre-addressed return envelope to the applicant requesting submission of a second fingerprint card.
  - b. To avoid fingerprint processing delays, submit two fingerprint cards with the initial application.
7. Submit the completed application, two completed fingerprint cards and applicable fee to DPS in the envelope provided.
8. Acceptable forms of payment include a money order, cashier's or certified check made payable to AZ DPS. Fees are non-refundable.

## FIREARMS QUALIFICATION AND STATUTORY REVIEW AFFIDAVIT (ALL applicants **MUST** complete this section)

I attest that I have satisfactorily demonstrated competence with a firearm through completing a firearms safety course provided by

**Legal Heat**

*(print name of organization, governmental police agency, or branch of military).*

I further attest that I have reviewed and am knowledgeable of Arizona Revised Statutes Title 13, Chapter 4 and Chapter 31.

**X**

**Your Signature Here**

**DATE**

Applicant's Signature

Date

## FIREARMS SAFETY TRAINING PROGRAM COMPLETION CERTIFICATE

*(To be completed by the DPS authorized training provider.)*

TRAINING PROGRAM NO.	TRAINING INSTRUCTOR NO.	TRAINING ORGANIZATION NO.
As a DPS-authorized Firearms Safety Instructor, I certify that _____ <i>(applicant's name)</i> satisfactorily completed the DPS-approved 8-Hour Firearms Safety Training Program on _____ <i>(date)</i> .		
TRAINING LOCATION(S)	LECTURE (City and State)	QUALIFICATION (City and State)
PRINT INSTRUCTOR'S LAST NAME		BUSINESS PHONE NO. <i>(Include Area Code)</i>
INSTRUCTOR SIGNATURE		DATE
<b>X</b>		Affix stamp here.

**YOU DO NOT NEED TO FILL THIS SECTION OUT**