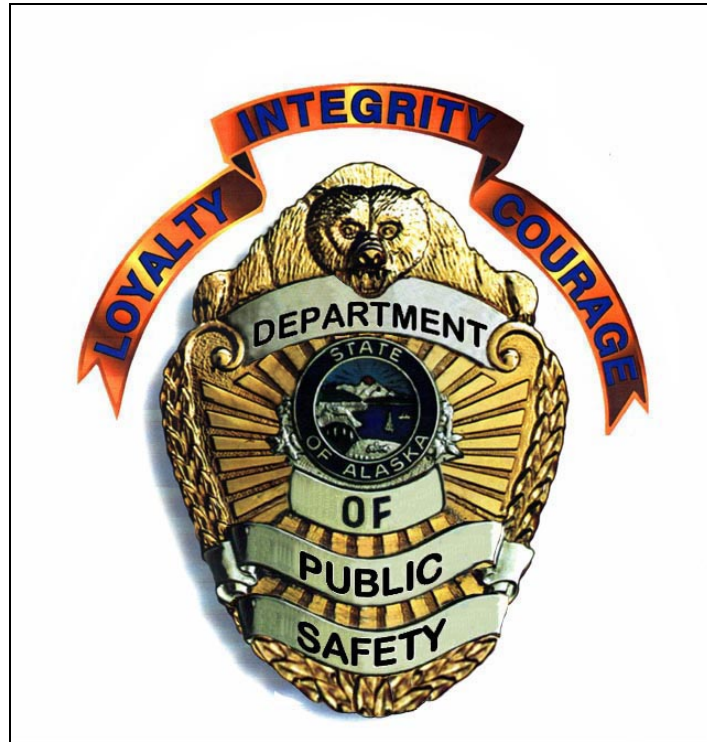


STATE OF ALASKA

DEPARTMENT OF PUBLIC SAFETY



APPLICATION

for a

CONCEALED HANDGUN PERMIT

This packet contains:

- General information and instructions
- Application for a **new** concealed handgun permit
- Specifications and instructions for photographs and fingerprints

Direct inquiries to:

Department of Public Safety, Division of Statewide Services
Permits and Licensing Unit
5700 East Tudor Road, Anchorage, Alaska 99507
Telephone (907) 269-0392
<http://www.dps.state.ak.us/PermitsLicensing/achp/>

GENERAL INFORMATION - Retain for your files

1. ALASKA CONCEALED HANDGUN PERMIT

By submitting an application for a concealed handgun permit, you acknowledge you have read and understand the laws and regulations relating to carrying a concealed handgun (Alaska Statutes (AS 18.65.700 – AS 18.65.790) and Administrative Regulations (13 AAC 30.010 – 13 AAC 30.900).

2. ADDRESS, RESIDENCE, AND TELEPHONE INFORMATION

The permit holder must be a resident of Alaska for the 90 days immediately preceding submittal of your application. You are required to list a residence address on the application and fingerprint cards and may not use a post office box, mail drop, or lot and block number. Your residence address is your street number and name, apartment number, city, and zip code. In outlying areas, provide a brief description of your physical address, e.g., Village Road, fourth house on the left next to boat ramp.

Reminder: AS 18.65.765(a)(1) states the holder of a permit shall notify the department of a change in the permit holder's address within 30 days.

Telephone number - If there is a correctable problem on your application, we can save processing time if you list a daytime telephone number.

3. DEFINITION OF "CONVICTION"

13 AAC 30.900(6) defines "conviction" as it applies to qualifications that must be met for an individual to possess a Concealed Handgun Permit. It states:

"(6)"convicted" or "conviction" means that a person has entered a plea of guilty or no contest to, or has been found guilty by a court or jury of, a criminal offense, **regardless of whether the judgment was after that set aside** under AS 12.55.085 or a similar procedure in another jurisdiction, or was the subject of a pardon or other executive clemency, but does not include a judgment that has been reversed or vacated by a court as a result of motion, appellate action, petition for writ of habeas corpus, or application for post-conviction relief under Rule 35.1 of the Alaska Rules of Criminal Procedure or a similar procedure in another jurisdiction."

4. FEES

Submit the \$94.25 **non-refundable** application fee with your application. You may pay the fee with a personal check, cashier's check, or money order payable to *State of Alaska*.

5. TRAINING DOCUMENTATION

Submit a **copy** of a certificate showing successful completion of a **handgun course approved by the department**. The certificate will **not** be returned. A list of approved handgun courses is available from the Permits and Licensing Unit at the address listed on the cover page.

6. FINGERPRINTS

Submit two sets of fingerprints of acceptable technical quality. Fingerprints submitted must be rolled by a person or agency approved by the department, or by a law enforcement agency or state correctional facility at the discretion of the agency or facility. A list of fingerprint technicians or agencies approved by the department is available on the ACHP website. **See the Concealed Handgun Permit Fingerprint Card Instructions in this packet for specific information.**

7. PHOTOGRAPH

Include **one quality color photograph** taken within the 30 days preceding the date you apply for your permit. **See the Photograph Instructions and Specifications in this packet for size restrictions and specific information.**

8. APPLICATION PROCESS

You must apply in person for a concealed handgun permit (AS 18.65.700(a)(1)). Review your application, fingerprint cards, and photograph **before** you submit them. **Failure to submit a properly completed application and attachments will result in a delay in processing your application.** Take your completed application, photograph, fingerprints, copy of training certificate, and the \$94.25 fee to an office of the Alaska State Troopers, Fish and Wildlife Protection, or a municipal police department authorized to accept Alaska Concealed Handgun Permit applications.

If you want the receipt information completed on your copy, make a copy of the application **before** you submit it and take the copy with you when you submit your application.

Your application will be processed when the Permits and Licensing Unit in Anchorage receives your application, the \$94.25 fee, photograph, and all required documents.

9. TERM OF NEW PERMIT

New permits issued under 13 AAC 30.010 expire five years following issuance of the permit.

CONCEALED HANDGUN PERMIT FINGERPRINT CARD INSTRUCTIONS

Submit two standard 8"x 8" **FBI APPLICANT FINGERPRINT CARDS** with your application. Fingerprints submitted must be taken by a person or agency approved by the department, or by a law enforcement agency or state correctional facility (at the discretion of the agency or facility). Fingerprint cards are available from department approved fingerprint technicians or agencies. A list of approved fingerprint technicians or agencies may be obtained from any office of the Alaska State Troopers. There may be a charge by fingerprint agencies or technicians for fingerprinting services.

- Complete the top of the fingerprint card **before** submitting the application.
 - **Do not sign the fingerprint card before your fingerprints are taken.**
 - Type or clearly print all required information on the fingerprint cards using **BLACK INK (cards submitted using any other color of ink will be rejected).**
 - Wash and thoroughly dry your fingers before fingerprinting.
 - **Do not fill out the blocks titled:**
 - YOUR NO. OCA
 - ARMED FORCES NO. MNU
 - FBI NO. FBI
 - REASON FINGERPRINTED (Completed by Permits and Licensing Unit personnel)
 - MISCELLANEOUS NO. MNU (Completed by Permits and Licensing Unit personnel)
 - **Name block.** The format is **last** name followed by a comma (,) **first** and **middle** name. Suffix denoting seniority, i.e., Jr., Sr., III, etc., **follows** the middle or first name.
 - **Employer and address block.** Write the name and address of the **fingerprint technician or agency taking the fingerprints.**
 - **Aliases (AKA) block.** List other names used that are different than the name entered in the NAME block, including maiden and previous married names of females.
 - **Citizenship block.** Enter "US" if a citizen of the United States; otherwise, enter correct country or country abbreviation.
 - **DATE OF BIRTH DOB, PLACE OF BIRTH POB, SEX, RACE, HGT (height), WGT (weight), EYES, and HAIR blocks must be completed.**
 - **Place of birth block.** List the **city** and **state, territorial possession, province (Canadian), or country of birth.** Use the correct abbreviation for foreign countries or correctly spell the country name. Do **not** list a **county** as a place of birth.
 - **Race block. Use the following codes:**
 - A** (Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese, Philippino, Samoan)
 - B** (Black)
 - I** (American Indian, Alaska Native, Eskimo)
 - W** **Do not use the letter "C"** (White, Mexican, Latin, Puerto Rican, Cuban, Central/South American, other Spanish cultures)
 - **Height block.** Use feet and inches, not total inches. **Example: 5'7" is entered 507. Do not use fractions of an inch.**
 - **Eyes/Hair blocks – Choose only one color to describe color of eyes and hair using the appropriate three letter code from the following list:**

<u>EYE COLOR</u>	<u>CODE</u>	<u>HAIR COLOR</u>	<u>CODE</u>
Black	BLK	Bald	BAL
Blue	BLU	Black	BLK
Brown	BRO	Blonde	BLN
Gray	GRY	Brown	BRO
Green	GRN	Gray	GRY
Hazel	HAZ	Red or Auburn	RED
Maroon	MAR	Sandy	SDY
Pink	PNK	White	WHI

Use **Bald (BAL)** when a person has lost **most** of the hair on top of the person's head.
Use **Gray (GRY)** when **most** of the person's hair is gray.
 - **Social Security No. block** is for your social security number. You do not have to provide your social security number.
- Do not fold or damage the fingerprint cards.** Fingerprint cards cannot be processed if they are folded, creased, or damaged. **Fingerprint cards that are rejected may require resubmission, and may require a reexamination fee.**

IMPORTANT NOTE: Failure to submit fingerprint cards as specified will delay processing

ALASKA DEPARTMENT OF PUBLIC SAFETY Division of Statewide Services	APPLICATION FOR A NEW CONCEALED HANDGUN PERMIT Please type or print using <u>black</u> ink	Do not write in this space
This application will <u>not</u> be processed unless all applicable questions are answered and the required training certificate, photograph, fingerprint cards, and application fee accompany the application. THE APPLICATION FEE IS NON-REFUNDABLE.		

Section I.

ALASKA DRIVERS LICENSE OR IDENTIFICATION NUMBER	Department use only APSIN NUMBER	DATE OF BIRTH	PLACE OF BIRTH (CITY/STATE or CITY/COUNTRY)			
FIRST NAME		MIDDLE NAME <small>(NMN if no middle name or MIO if initial only)</small>		LAST NAME		SUFFIX <small>(Jr, Sr, II, III)</small>
HEIGHT <small>FT. IN.</small>	WEIGHT	HAIR COLOR	EYE COLOR	RACE	GENDER	DAYTIME TELEPHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
MAILING ADDRESS				CITY	STATE	ZIP CODE
RESIDENCE ADDRESS (IF DIFFERENT THAN ABOVE)				CITY	STATE	ZIP CODE
How long have you lived at your current address? From _____ to present. <small>(Date)</small>						
Previous residences – Complete this section if you have <i>not</i> lived at your current address during the five years preceding the date of this application. Attach a separate page if necessary.						
CITY				STATE		DATE(S)
CITIZENSHIP (INDICATE COUNTRY) Note: If you are not a U.S. Citizen, you must complete Section IV of this application.						

Have you ever applied for or been issued an Alaska Concealed Handgun permit? If yes, provide information and if necessary, attach a signed statement with an explanation. Yes No

Section II. Read each question carefully. If you make an error, cross out the incorrect choice and initial the change. If you answer "no" to questions 1-4, or "yes" to questions 5-14, attach court documents or a signed statement explaining your answers.		
1. Are you 21 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you eligible to own or possess a firearm under the laws of this state and federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you a resident of Alaska and have you been a resident of the state for the 90 days immediately preceding this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you demonstrated competence with handguns as provided in AS 18.65.715?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been convicted of two or more class A misdemeanors of this state or similar laws of another jurisdiction within the six years immediately preceding this application? See General Information and Instructions for definition of "conviction."	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you now in, or have you been ordered by a court within the last three years to complete an alcohol or substance abuse treatment program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you under indictment or information for, or have you been convicted in any court of a crime punishable by imprisonment for a term exceeding one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you the subject of a domestic violence injunction under AS 18.66.100 that was issued after a hearing for which you received notice and had an opportunity to participate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been convicted in any court of a misdemeanor crime of domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you a fugitive from justice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you an unlawful user of, or addicted to any controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you been adjudicated a mental defective or been committed to a mental institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are you an alien who is residing in the United States illegally or a former citizen of the United States who has renounced your citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have you been discharged from the armed forces under dishonorable conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section III.

WARNING: SUPPLYING A FALSE STATEMENT, ANSWER, OR DOCUMENT THE APPLICANT DOES NOT BELIEVE TO BE TRUE MAY SUBJECT THE APPLICANT TO CRIMINAL PROSECUTION FOR UNSWORN FALSIFICATION UNDER ALASKA STATUTE 11.56.210. IF FOUND GUILTY, THE APPLICANT MAY BE PUNISHED FOR VIOLATION OF A CLASS A MISDEMEANOR, AND IN SUCH CASES THE PERMIT WILL BE REVOKED AND THE APPLICANT MAY BE BARRED FROM ANY FURTHER APPLICATION FOR A PERMIT.

I HEREBY STATE UNDER PENALTY OF LAW THAT:

1. I have read AS 18.65.705 and qualify to apply for a concealed handgun permit;
2. I have been furnished with a copy of the state laws and regulations relating to concealed handguns and have read and understand them;
3. I want a permit to carry a concealed handgun for lawful purposes, which may include self-defense;
4. The information in this application and any documents submitted with this application is true, correct, and complete to the best of my knowledge and belief; and
5. I understand a permit eligibility investigation will be conducted as part of the application process; this may involve computerized records searches and I authorize the investigation.

Date _____	Signature of applicant _____
Full name (clearly printed or typed) _____	

Section IV. Must be completed by all non-U.S. Citizens

FIRST NAME		MIDDLE NAME <small>(NMN if no middle name or MIO if initial only)</small>			LAST NAME		SUFFIX <small>(JR, SR, II, III)</small>
HEIGHT <small>FT. IN.</small>	WEIGHT	HAIR COLOR	EYE COLOR	RACE	GENDER	STATE OF RESIDENCE	
COUNTRY OF CITIZENSHIP		ALIEN OR I-94 REGISTRATION NUMBER		ARE YOU A NON-IMMIGRANT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been a resident for at least 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No (You MUST provide a copy of supporting documentation)							
NON-IMMIGRANT/ALIEN EXCEPTION: <input type="checkbox"/> Yes <input type="checkbox"/> No Check the appropriate exception if you choose 'YES'. You MUST provide a copy of supporting documentation:							
<input type="checkbox"/> Valid Hunting License/Permit		<input type="checkbox"/> Official Representative of Foreign Government			<input type="checkbox"/> Foreign Gov't Official/Distinguished Visitor		
<input type="checkbox"/> Foreign Law Enforcement Officer		<input type="checkbox"/> Waiver from Prohibition			<input type="checkbox"/> Other (describe)		

Instructions to applicant: Review the application, fingerprint cards, photograph, and attachments carefully. Failure to submit a properly completed application will result in a delay in processing your application. Use the checklist below as a reminder that you have included all the necessary forms and documents. Mark the box to the left of an item as you place it in the envelope to take to the Alaska State Trooper office or the office of an approved police department.

Applicant Checklist		
<input type="checkbox"/> Application (page 1)	<input type="checkbox"/> Application (page 2)	<input type="checkbox"/> Photograph
<input type="checkbox"/> Fingerprint cards	<input type="checkbox"/> Training certificate	<input type="checkbox"/> Attachments
<input type="checkbox"/> \$94.25 fee	<input type="checkbox"/>	<input type="checkbox"/>

FOR DEPARTMENT USE ONLY

RECEIPT FOR FEES PAID	
The Department of Public Safety acknowledges that _____, the sum of \$_____ was received by:	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK No. _____ (Date)
<input type="checkbox"/> MONEY ORDER No. _____	
_____ Signature of employee accepting application	_____ Printed or typed name of employee accepting application

Instructions to department employee or employee of an approved police department receiving the application. Use the checklist below to mark items in the packet before forwarding the application packet to the Permits and License Unit. The applicant turning in this document must show to you a valid Alaska Driver's License or Alaska Identification Card. **When the fee is paid, complete the *Receipt For Fees Paid*. If the applicant provides you with a copy of this page, complete the receipt information and give the copy to the applicant.**

Receiving Office

<input type="checkbox"/> Alaska OL or ID verified	<input type="checkbox"/> Training certificate	<input type="checkbox"/> Photograph
<input type="checkbox"/> Application (page 1)	<input type="checkbox"/> Application (page 2) signed and dated	<input type="checkbox"/> Fingerprint cards completed correctly and signed
<input type="checkbox"/> \$94.25 fee	<input type="checkbox"/> Attachments	<input type="checkbox"/> Receipt