

Application For

FLORIDA

CONCEALED WEAPON

OR FIREARM LICENSE

Includes Your
Personal Tracking Number



01/2014

Florida Department of Agriculture and Consumer Services
Adam H. Putnam, Commissioner

YOUR TRACKING NUMBER

You can use the tracking number that appears above to obtain information concerning the status of your application as it is being reviewed and evaluated by our Division personnel.

Simply call our office at (850) 245-5691 from a touchtone telephone and follow the automated instructions or check online at www.mylensesite.com.

PLEASE READ THE FOLLOWING CAREFULLY

- ***Your tracking number is a **UNIQUE ID NUMBER** that is linked directly to the **BARCODE** that appears on the application on the next page. Therefore, we ask that you **DO NOT MAKE COPIES OF THIS APPLICATION** for use by others. Doing so will make it impossible for you to track the progress of your own application.***
- *You should allow 3-4 weeks from the time you mail your application before you call for a status update.*
- *Processing time will vary depending upon the Division's workload. However, please be advised that if your application is **INCOMPLETE** or if we receive background check information from law enforcement authorities that requires additional review to confirm your eligibility for licensure, processing time may take up to 90 days.*
- *Please do not return this page with your application. Keep it in a secure place for future reference.*



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

APPLICATION FOR CONCEALED WEAPON OR FIREARM LICENSE

Chapter 790, Florida Statutes
Post Office Box 6687•Tallahassee, FL 32314-6687•(850) 245-5691
www.mylicensesite.com

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SECTION I APPLICANT INFORMATION

Read application instructions before you begin. Place letter/number inside each box as shown above.

SOCIAL SECURITY NUMBER

VOLUNTARY

ALIEN REGISTRATION NUMBER

If you are an alien, provide your 8- or 9-digit Alien Registration Number.

See APPLICATION INSTRUCTIONS

LAST NAME

FIRST NAME

MI

RESIDENCE ADDRESS

PHONE NUMBER

RESIDENCE ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

CITY

STATE

ZIP CODE

MAILING ADDRESS IF DIFFERENT FROM ABOVE

MAILING ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

CITY

STATE

ZIP CODE

SEX

RACE

EYE COLOR

HAIR COLOR

DATE OF BIRTH (MMDDYYYY)

WEIGHT

HEIGHT

LBS

FT

IN

PLACE OF BIRTH - (INCLUDE STATE OR PROVINCE --- AND COUNTRY)

OCCUPATION (MUST BE COMPLETED - EVEN IF YOU ARE RETIRED OR SELF-EMPLOYED)

EMAIL ADDRESS

SECTION II

QUALIFYING DATA (SHADE IN THE APPROPRIATE CIRCLE)

1. Are you applying for this license as a consular security official of a foreign government which meets the standards defined in Section 790.06(2)(a), Florida Statutes? ☐ YES ☐ NO
2. Do you hold an active certification from the Florida Criminal Justice Standards and Training Commission as a law enforcement officer, correctional officer, or correctional probation officer as defined in Section 943.10(1), (2), (3), (6), (7), (8) or (9), Florida Statutes? ☐ YES ☐ NO
- 3a. Are you a retired Florida law enforcement officer, correctional officer, or correctional probation officer as defined in Section 943.10 (1), (2) or (3), Florida Statutes? ☐ YES ☐ NO
- 3b. If you answered YES to Question 3a., have you been retired for one year or less? ☐ YES ☐ NO



LICCW01

4a. Do you qualify for exemption from the public records law as provided by s. 119.071, Florida Statutes?	<input type="radio"/> YES <input type="radio"/> NO
4b. If YES, do you wish to have the specified information kept confidential?	<input type="radio"/> YES <input type="radio"/> NO
5a. Have you ever renounced or formally given up United States citizenship? If YES, you are not eligible for licensure.	<input type="radio"/> YES <input type="radio"/> NO
5b. Are you currently residing in the United States? If NO, you are not eligible for licensure unless you are serving overseas in the United States Armed Forces.	<input type="radio"/> YES <input type="radio"/> NO
5c. Are you a United States citizen? If YES, proceed to question 6. If NO, proceed to question 5d.	<input type="radio"/> YES <input type="radio"/> NO
5d. Are you deemed a lawful permanent resident alien by the Department of Homeland Security, U.S. Citizenship and Immigration Services? If you are neither a U.S. citizen nor a permanent resident alien, you are not eligible for licensure.	<input type="radio"/> YES <input type="radio"/> NO
6. Have you received training with a firearm as required by Section 790.06(2)(h), Florida Statutes, relating to competency with a firearm?	<input type="radio"/> YES <input type="radio"/> NO
7. Have you ever been convicted of a felony?	<input type="radio"/> YES <input type="radio"/> NO
8. Have you had adjudication of guilt withheld or imposition of sentence suspended on a felony charge or a misdemeanor crime of domestic violence?	<input type="radio"/> YES <input type="radio"/> NO
9. Have you been convicted, found guilty of, or had adjudication withheld on one or more misdemeanor crimes of violence?	<input type="radio"/> YES <input type="radio"/> NO
10. Have you been convicted or found guilty of a misdemeanor crime of domestic violence? If YES, you are not eligible for licensure.	<input type="radio"/> YES <input type="radio"/> NO
11. Have you been issued an injunction that is currently in force and effect that restrains you from committing acts of domestic violence or acts of repeat violence? If YES, you are not eligible for licensure.	<input type="radio"/> YES <input type="radio"/> NO
12. Have you ever been adjudicated incapacitated, committed to a mental institution, or adjudicated mentally defective?	<input type="radio"/> YES <input type="radio"/> NO
13. During the three years preceding the date of this application, have you been:	
a. Committed for the abuse of controlled substances, or been found guilty or convicted of a crime under the provisions of Chapter 893, Florida Statutes, or similar laws of any other state, or had multiple arrests for such offenses within the past five years with the most recent arrest occurring within the past year?	<input type="radio"/> YES <input type="radio"/> NO
b. Committed for the abuse of alcoholic beverages or other substances under the provisions of Chapter 397, or under the provisions of former Chapter 396, Florida Statutes, or convicted under Section 790.151, Florida Statutes, or been deemed a habitual offender under the provisions of Section 856.011(3), Florida Statutes, or similar laws of any other state?	<input type="radio"/> YES <input type="radio"/> NO
c. Convicted two or more times under Section 316.193, Florida Statutes, or similar laws of any other state for driving under the influence of alcohol or a controlled substance? If you answered YES to any of these questions, you are not eligible for licensure.	<input type="radio"/> YES <input type="radio"/> NO
14. Are you under arrest or currently charged in any court with a felony, any crime punishable by imprisonment for more than one year, or any crime of violence, including crimes of domestic violence?	<input type="radio"/> YES <input type="radio"/> NO
15. Are you a fugitive from justice?	<input type="radio"/> YES <input type="radio"/> NO
16. Have you been discharged from the Armed Forces under dishonorable conditions? If YES, you are not eligible for licensure.	<input type="radio"/> YES <input type="radio"/> NO

SECTION III OATH OF APPLICANT AND NOTARIZATION STATEMENT

THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY DOCUMENT SUBJECTS THE APPLICANT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES.

I DO SWEAR AND AFFIRM THAT:

- a) I have been furnished a copy of Chapter 790, Florida Statutes, relating to weapons and firearms, and that I am knowledgeable of the provisions contained therein.
- b) I desire a legal means to carry a concealed weapon or firearm for lawful self-defense.
- c) I do not suffer from a physical infirmity that would prevent my safely handling a weapon or firearm.
- d) The information contained in this application and all attached documents is true and correct to the best of my knowledge.

Signature of Applicant

Date Signed

STATE OF _____ COUNTY OF _____

The foregoing application was sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by:

PRINT Name of Applicant

☐ Personally Known ☐ Produced Identification

Type of Identification Produced

NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY