

STATE OF ALASKA  
DEPARTMENT OF PUBLIC SAFETY



APPLICATION  
for a  
CONCEALED HANDGUN PERMIT

This packet contains:

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

Direct inquiries to:

Department of Public Safety  
Permits and Licensing Unit  
5700 East Tudor Road, Anchorage, AK 99507  
Phone (907) 269-0392  
FAX (907) 269-5609

[www.dps.state.ak.us/Statewide/PermitsLicensing/concealedhandguns.aspx](http://www.dps.state.ak.us/Statewide/PermitsLicensing/concealedhandguns.aspx)

## GENERAL INFORMATION

*Retain for your files*

### 1. ALASKA CONCEALED HANDGUN PERMIT

By submitting an application for a concealed handgun permit you acknowledge that you have read and understand the state laws and regulations relating to concealed handgun permits (AS 18.65.700 – 18.65.790 and 13 AAC 30.010 – 13 AAC 30.900).

### 2. ADDRESS, RESIDENCE, AND TELEPHONE INFORMATION

You must be a resident of Alaska for at least the 90 days immediately preceding your application for a concealed handgun permit.

You are required to list a residence address on the application and fingerprint card. Your residence address is the physical location of your home or other place where you habitually live and includes your house/apartment number, street name, 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.*”

You are not required to provide your telephone number. However, application processing time may be reduced if there is a correctable problem on your application and you’ve provided your daytime telephone number.

### 3. APPLICATION PROCESS

You must apply IN PERSON for a concealed handgun permit at an office of the Alaska State Troopers, Alaska Wildlife Troopers, or a municipal police department authorized to accept Alaska concealed handgun permit applications. You must show a valid Alaska driver’s license or identification card at the time of application.

Review your application and all required documentation before you submit them. Failure to submit a properly completed application and all required supporting documentation listed in #4 below may delay the processing of your application.

Complete applications will be processed within 30 days of receipt. “Complete” means all applicable questions on the application form are answered in full, the application form is signed and dated, and the required fee and all required supporting documentation listed in #4 below has been submitted.

### 4. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

- a. **A non-refundable application fee of \$94.25** payable by personal check, cashier’s check, or money order made out to *State of Alaska*.
- b. **A copy of a certificate showing successful completion of a handgun course** approved by the department and completed within the 12 months immediately preceding your application. The certificate will not be returned. A list of approved handgun courses is available from the department’s Permits and Licensing Unit at the address listed on the cover page.
- c. **One complete set of fingerprints of acceptable technical quality.** Fingerprints submitted must be on a standard 8” x 8” FBI Applicant Fingerprint Card and 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* page in this packet for specific information.
- d. **One quality frontal view color photograph** taken within the 30 days preceding your application. See the *Photograph Instructions and Specifications* page in this packet for size restrictions and specific information.

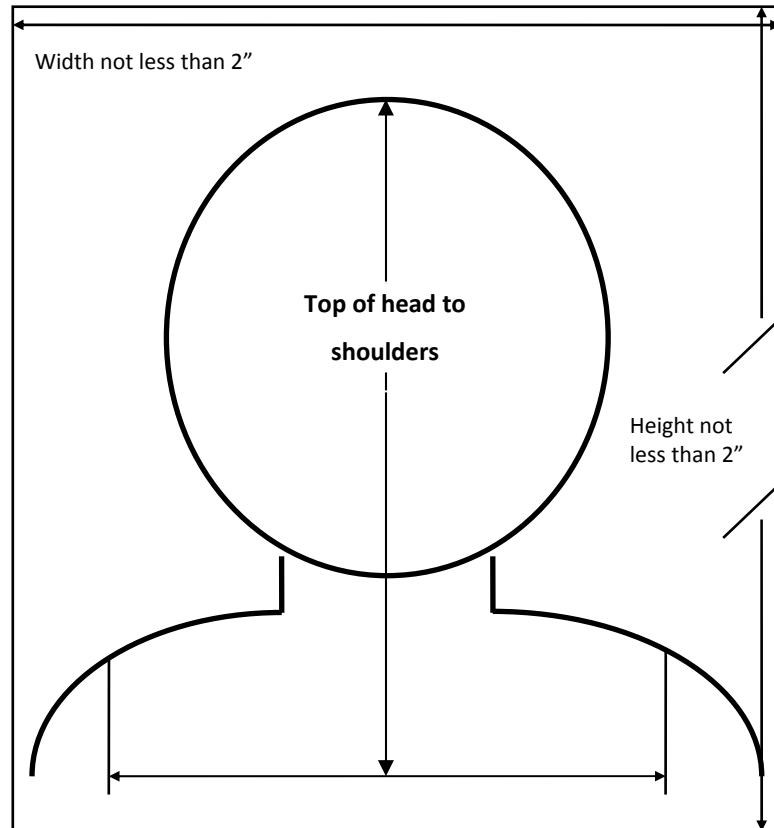
### 5. TERM OF PERMIT

Alaska concealed handgun permits expire on the person’s birthday in the fifth year following issuance of the permit. The department may adjust the length of an initial permit so that a permit is not issued for a period of more than five years.

# CONCEALED HANDGUN PERMIT PHOTOGRAPH INSTRUCTIONS AND SPECIFICATIONS

## INSTRUCTIONS:

1. Photograph must be taken within the 30 days preceding the date of application.
2. Print applicant's name, date photograph was taken, and the Alaska driver's license number or Alaska identification card number on the **back** of the photograph.



## SPECIFICATIONS

1. Uncut (not trimmed), rectangular, color photograph including the top of the subject's head to the shoulders (computer disc from a digital camera is acceptable – format must be .BMP, .DIB, .TGA, .TIF, .PCX, .GIF, .WPG, .JPG, .CMP, and .PCD).
2. Outer dimension of the photograph is **not less than** 2 inches wide by 2 inches high (passport photographs are acceptable).
3. Photograph of applicant is full frontal view **including head and shoulders only**.
4. Background is very light or white with no fancy backdrop or lettering behind subject.
5. Image is **sharp** and **correctly exposed**, not retouched.
6. Photograph lies flat, is not stained, cracked, or mutilated; is not pasted on a card or mounted in any way.
7. Group pictures and full-length portraits are **not** acceptable.
8. Photograph of applicant in a hat or sunglasses is **not** acceptable.

**IMPORTANT NOTE: Failure to submit a photograph as specified will delay application processing.**

# CONCEALED HANDGUN PERMIT FINGERPRINT CARD INSTRUCTIONS

Submit one complete set of fingerprints on a standard 8"x 8" FBI APPLICANT FINGERPRINT CARD with your application. Fingerprints 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). A list of approved fingerprint technicians or agencies can be found on the ACHP website at [www.dps.state.ak.us/statewide/PermitsLicensing/concealedhandguns.aspx](http://www.dps.state.ak.us/statewide/PermitsLicensing/concealedhandguns.aspx). There may be a charge by the fingerprint technician or agency for fingerprinting.

**Type or clearly print all required information on the fingerprint card using BLACK INK. Wash and thoroughly dry your fingers before fingerprinting. Do not sign the fingerprint card before your fingerprints are taken.**

1. Enter your full name using the format **last name** followed by a comma, **first** and **middle** name. Suffixes (i.e., Jr., Sr., III, etc.) follow the middle name.
2. Enter your residence address.
3. Enter the name and address of the fingerprint technician or agency taking the fingerprints.
4. List any other names used that are different from the name entered in the NAME block, including maiden and previous married names of females.
5. Enter your date of birth in MM DD YYYY format.
6. Enter "US" if you are a United States citizen; otherwise enter the applicable country or country abbreviation.
7. Enter "M" for male, "F" for female.
8. Use the following codes to denote your race:  
**A** (Asian, Pacific Islander)  
**B** (Black)  
**I** (American Indian, Alaska Native)  
**W** (White)
9. Enter your height in feet and inches, not total inches. Example: 5' 7" is entered as 5 07. Do not use fractions of an inch.
10. Enter your weight in pounds.

APPLICANT		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME: <b>NAME</b>		FIRST NAME: <b>NAME</b>	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES: <b>AKA</b>		DATE OF BIRTH: <b>DOB</b> MM/DD/YYYY	
		CITIZENSHIP: <b>CTC</b>			
DATE		TOTAL HRS: <b>OCCA</b>		PLACE OF BIRTH: <b>POB</b>	
SIGNATURE(S) OF OFFICIAL TAKING FINGERPRINTS		TRF NO.: <b>ESI</b>		SEX: <b>SEX</b>	
EMPLOYER AND ADDRESS		LEAVE BLANK		RACE: <b>RAC</b>	
REASON FINGERPRINTED		LEAVE BLANK		HEIGHT: <b>HGT</b>	
		LEAVE BLANK		WEIGHT: <b>WT</b>	
LEAVE BLANK		SOCIAL SECURITY NO.: <b>SSN</b>		CLASS: <b>CLS</b>	
LEAVE BLANK		MISCELLANEOUS NO.: <b>MNU</b>		REF: <b>REF</b>	
LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	
LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	
LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	
LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	
LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	
LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	
LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	
LEAVE BLANK		LEAVE BLANK		LEAVE BLANK	

11. and 12. Choose only one color to describe the color of your 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 <i>Use when a person has lost most of the hair on top of their head.</i>
Blue	BLU	Black	BLK
Brown	BRO	Blonde	BLN
Gray	GRY	Brown	BRO
Green	GRN	Gray	GRY <i>Use when most of the person's hair is gray.</i>
Hazel	HAZ	Red or Auburn	RED
Maroon	MAR	Sandy	SDY
Pink	PNK	White	WHI

13. Enter the city and state, territorial possession, province (Canada), 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.
14. You are not required to provide your Social Security Number, but may do so voluntarily.

**Do not fold or damage the fingerprint card.** 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 a fingerprint card as specified will delay application processing.**

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

**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 <small>LBS.</small>	HAIR COLOR	EYE COLOR	RACE	GENDER	DAYTIME TELEPHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell				
RESIDENCE ADDRESS				CITY		STATE		ZIP CODE		
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)				CITY		STATE		ZIP CODE		

List the city and state of each place you have resided in the five years immediately preceding this application. Attach a separate page if necessary.

CITY	STATE	FROM (Date)	TO (Date)
			<b>present</b>

**Section II.**

**WARNING:** AN APPLICANT WHO SUPPLIES A FALSE STATEMENT, ANSWER OR DOCUMENT IN CONNECTION WITH AN APPLICATION FOR A CONCEALED HANDGUN PERMIT THAT THE APPLICANT DOES NOT BELIEVE TO BE TRUE MAY BE PROSECUTED FOR UNSWORN FALSIFICATION IN THE SECOND DEGREE AND, IF FOUND GUILTY, MAY BE PUNISHED FOR VIOLATION OF A CLASS A MISDEMEANOR, AND IN SUCH CASES, THE PERMIT SHALL 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 I qualify to obtain 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. All statements, answers, and attachments to this application are true and complete; and
5. I understand that a permit eligibility investigation will be conducted as part of the application process which may involve computerized records searches and I authorize the investigation.

\_\_\_\_\_  
Full Name of Applicant (clearly printed or typed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DEPARTMENT USE ONLY**

The receiving agency acknowledges that on \_\_\_\_\_ the sum of \$\_\_\_\_\_ was received in the form of:

CASH       CHECK No. \_\_\_\_\_      MONEY ORDER No. \_\_\_\_\_

\_\_\_\_\_  
Signature of employee accepting application

\_\_\_\_\_  
Printed or typed name of employee accepting application