

**Application to Carry a Concealed Pistol, Revolver or other Firearm**

To: \_\_\_\_\_  
**(Title of Law Enforcement Official or Other Authority)**  
County of \_\_\_\_\_  
State of \_\_\_\_\_

I, the undersigned, in accordance with the provisions of \_\_\_\_\_  
**(citation of state statute)**, make application for a \_\_\_\_\_ **(License or Permit)** to  
carry concealed the following weapon:

1. Description of weapon:  
 Pistol,  
 Revolver  
 Other Weapon: **(describe)** \_\_\_\_\_  
\_\_\_\_\_
2. Name of Manufacturer: \_\_\_\_\_
3. Serial No.: \_\_\_\_\_
4. Caliber: \_\_\_\_\_

In support of this application, the following information is hereby submitted:

- A. Applicant's Name: \_\_\_\_\_
- B. Occupation: \_\_\_\_\_
- C. Residence Address: \_\_\_\_\_  
\_\_\_\_\_ **(street number, city, county, state and zip code)**
- D. Business Address: \_\_\_\_\_  
\_\_\_\_\_ **(street number, city, county, state and zip code)**
- E. Age: \_\_\_\_\_
- F. Date of birth (month/day/year): \_\_\_\_\_
- H. Identification: \_\_\_\_\_ **(driver's license, include state of issue and number)**
- I. Height of Applicant: \_\_\_\_\_
- J. Weight of Applicant: \_\_\_\_\_
- K. Color of Eyes: \_\_\_\_\_
- L. Color of Hair: \_\_\_\_\_

M. Reason for desiring a license to carry concealed the above-described weapon:

\_\_\_\_\_

Witness my signature this the \_\_\_\_\_ **(date)**.

\_\_\_\_\_  
**(Printed Name of Applicant)**

\_\_\_\_\_  
**(Signature of Applicant)**

**Information to be Inserted by Board or Officer Issuing License**

To the Applicant:

Your application for a license to carry concealed the above-described weapon is:

Approved

Denied for the following reasons: \_\_\_\_\_

\_\_\_\_\_

A license issued under this application expires \_\_\_\_\_ **(number of months or years)** after the date of issuance.

- Number of License Issued: \_\_\_\_\_
- Date issued: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**(Printed Name of Officer Issuing License)**

\_\_\_\_\_  
**(Signature of Officer Issuing License)**