



ARKANSAS STATE POLICE

ASP-40COA
(Rev. 12/06)

Concealed Handgun License Change of Address Notification Form

You may print this form and mail it to Arkansas State Police, Concealed Handgun Licensing Section, 1 State Police Plaza Drive, Little Rock, AR 72209 or e-mail it to info@asp.arkansas.gov or to the ASP/CHL UNIT E-Mail Inquiries link on our website

Arkansas Concealed Handgun License Number: _____

Name: _____
(First/MI/Last Name)

New Physical Address: _____
(Street Number, Rural Route & Box Number, NOT A P.O. BOX)

(City) (State) (Zip Code)

New Mailing Address: _____
(Street Number, Rural Route & Box Number, etc.)

(City) (State) (Zip Code)

Daytime Phone Number: () _____

Arkansas Driver's License Or I.D. Number: _____

An updated concealed handgun license will not be printed.

Please retain a completed copy of this form for your files.