



- MUST USE MOST **CURRENT FORM**
- **PRINT CLEARLY IN BLACK INK**
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

**CONCEALED HANDGUN LICENSING**

EXAMPLE:

Yes  No

**ORIGINAL APPLICATION**

**APPLICANT INFORMATION**

Have you previously applied for a Texas Concealed Handgun License and/or Qualified Instructor Certification? (REGARDLESS IF ISSUED, TERMINATED, DENIED OR STILL VALID) Yes  No

I am applying for: (\*APPLICANTS FOR QUALIFIED INSTRUCTORS CERTIFICATION MUST ATTACH CHL-90 FORM)  
 Concealed Handgun License Only     Qualified Instructor Certification Only     Both  
 (\*SKIP APPLICATION CONDITION BELOW)

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

**Application Condition** (SEE INSTRUCTIONS FOR DETAILS)  
 Standard     Active Peace Officer     Retired Peace Officer     Retired Federal Officer  
 Active Military     Veteran/Retired Military     Active Judicial Officer  
 Retired Judicial Officer     Felony Prosecutor     Other Prosecutor  
 Indigent     Senior Citizen (60+ YEARS OLD AT TIME OF APPLICATION)

|  |                                |   |                                      |  |   |
|--|--------------------------------|---|--------------------------------------|--|---|
| Applicant Last Name (*AS APPEARS ON DL/ID) |                                | First Name                                  |                                      | M.I.   | Suffix (IF ANY)   |
| <input type="radio"/> Driver License       | Issuing State? (2-LETTER CODE) | DL/ID Number (*PROVIDE COLOR COPY OF DL/ID) | Date of Birth (MM/DD/YYYY)           | SSN  | - -   |
| <input type="radio"/> ID Card              |                                |   |                                      |  |   |
| Place of Birth (CITY)                      | (STATE)                        | (COUNTRY)                                   | Born outside U.S. or U.S. Territory? | Yes <input type="radio"/> No <input type="radio"/> | *If YES, attach legal status documentation. <input type="radio"/> |

**PERSONAL IDENTIFIERS**

|   |   |  |   |
|---|---|--|---|
| <b>Gender</b><br>Male <input type="radio"/><br>Female <input type="radio"/> | <b>Race</b><br><input type="radio"/> Asian/Pacific Islander<br><input type="radio"/> American Indian/Alaskan Native<br><input type="radio"/> Black<br><input type="radio"/> Other/Unknown<br><input type="radio"/> White/Hispanic | <b>Eyes</b> (*MATCH DL/ID)<br><input type="radio"/> Black <input type="radio"/> Hazel<br><input type="radio"/> Blue <input type="radio"/> Maroon<br><input type="radio"/> Brown <input type="radio"/> Multicolor<br><input type="radio"/> Green <input type="radio"/> Pink<br><input type="radio"/> Gray <input type="radio"/> Unknown | <b>Hair</b> (*MATCH DL/ID)<br><input type="radio"/> Bald/Unknown <input type="radio"/> Gray/Partially<br><input type="radio"/> Black <input type="radio"/> Red/Auburn<br><input type="radio"/> Blonde/Strawberry <input type="radio"/> Sandy<br><input type="radio"/> Brown <input type="radio"/> White |
| <b>Height</b><br>Ft.    In.   |   |  |   |
| <b>Weight</b><br>Lbs.   |   |  |   |

**CONTACT INFORMATION**

Residence Address (NO PO BOXES. MUST BE A PHYSICAL ADDRESS)

|      |                       |     |
|------|-----------------------|-----|
| City | State (2-LETTER CODE) | ZIP |
|------|-----------------------|-----|

Have you lived at this residence address for the previous 5 years and is this the only residence information for the previous 5 years (60 months)? Yes  No  \*If NO, please fill out and attach Supplement CHL-78B

Is your mailing address different from the Residence Address listed above? Yes  No  \*If YES, provide mailing address in space below

Mailing Address (IF APPLICABLE)

|      |                       |     |
|------|-----------------------|-----|
| City | State (2-LETTER CODE) | ZIP |
|------|-----------------------|-----|

Are you currently employed and do you have an employment address different from the address listed above? Yes  No  \*If YES, provide employment address in space below

Employer Name/Address

|      |                       |     |
|------|-----------------------|-----|
| City | State (2-LETTER CODE) | ZIP |
|------|-----------------------|-----|

Is this the only employment information for the previous 5 years (60 months)? Yes  No  \*If NO, please fill out and attach Supplement CHL-78B

Applicant Contact Phone Number ( )    Applicant Alternate Number (OPTIONAL) ( )

Applicant Email (ONLY FOR CONTACT PURPOSES REGARDING THIS APPLICATION)

THIS SIDE SPACE IS RESERVED FOR OFFICE USE ONLY

**REPORTED HISTORY**

Have you ever been **arrested or charged** with a crime? (Regardless if pending, dismissed, committed as a juvenile, was long ago OR was in another state.) Yes  No  \*If YES, please fill out and attach Supplement CHL-78C

Have you ever been **treated and/or admitted** to a facility for drug, alcohol and/or psychiatric care; OR been **diagnosed** as suffering from a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability; OR **pled** innocent by reason of insanity; OR **been found** mentally incompetent; OR had court ordered outpatient treatment? Yes  No  \*If YES, please fill out and attach Supplement CHL-78C

I verify that the information provided is true and correct, and I understand that any required fee is **non-refundable**. I also understand that this is an **official Government record** and that any missing information and/or false statement made on this document or any other supplement provided to the Department will cause a **delay** in the processing of my application and may result in **criminal prosecution**.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_