



**ARIZONA DEPARTMENT OF PUBLIC SAFETY
CONCEALED WEAPON PERMIT UNIT
RENEWAL APPLICATION**

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|--------------------|-----------------|
| CURRENT PERMIT NO. | EXPIRATION DATE |
|--------------------|-----------------|

Mail completed application to CWPU in the envelope provided along with the \$43 fee. Acceptable forms of payment include money order, cashier's or certified check made payable to AZ DPS. No personal checks or cash will be accepted. Mailing address: CWPU P.O. Box 6488 Phoenix, AZ 85005.

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|--|---------------------------------------|---------------------------------|--|---|
| LEGAL NAME (Last) | | (First) | (M.I.) | COUNTY |
| RESIDENCE ADDRESS (Street number and name including Apartment / Lot) | | | CITY | STATE ZIP CODE |
| MAILING ADDRESS (If different from above) | | | CITY | STATE ZIP CODE |
| SOCIAL SECURITY NO. | CONTACT PHONE NO. (Include Area Code) | | EYE COLOR | HAIR COLOR |
| | | | <input type="checkbox"/> Black <input type="checkbox"/> Gray | <input type="checkbox"/> Bald <input type="checkbox"/> Gray |
| | | | <input type="checkbox"/> Blue <input type="checkbox"/> Hazel | <input type="checkbox"/> Black <input type="checkbox"/> Red or Auburn |
| | | | <input type="checkbox"/> Brown | <input type="checkbox"/> Blonde <input type="checkbox"/> Sandy |
| | | | <input type="checkbox"/> Green | <input type="checkbox"/> Brown <input type="checkbox"/> White |
| ORIGIN / RACE | | BIRTH DATE (mm/dd/yyyy) | PLACE (State) OF BIRTH (Country) | |
| <input type="checkbox"/> American Indian or Alaskan Native (I) | | | | |
| <input type="checkbox"/> Asian / Pacific Islander (A) | | GENDER | | |
| <input type="checkbox"/> Black (B) | | <input type="checkbox"/> Male | HEIGHT | |
| <input type="checkbox"/> Hispanic / White (W) | | <input type="checkbox"/> Female | WEIGHT | |

All applicants: Please answer "YES" or "NO" to each question below. ALL questions MUST be answered.

YES NO

- Are you a United States citizen born in the United States or one of its territories?
- Are you a United States citizen born outside of the United States or one of its territories? **If YES**, you do not need to resubmit documents.
**If you responded NO to both of the above, submit a copy (front & back) of your Permanent Resident Alien card ("A" number must be clearly visible). Submit documentation to prove ninety (90) consecutive days of residency in the State of Arizona just prior to your permit application. Documentation may include a copy of your lease agreement or utility bill.*
- Are you currently under indictment for a felony arrest?
- Have you ever been convicted of a felony offense? **If YES**, the conviction must be expunged, set aside, vacated or pardoned; or you must have your civil rights restored to be considered for a permit. You must not be a prohibited possessor under state or federal law.
- Have you been adjudicated delinquent for a felony? **If YES**, you must have your firearm rights restored
- Are you an unlawful user of, or addicted to, any controlled substances?
- Are you currently under indictment for a misdemeanor crime of domestic violence?
- Have you ever been convicted of a misdemeanor crime of domestic violence? **If YES**, the conviction must be set-aside, vacated, expunged or pardoned in order to be considered for a permit.
- Have you been discharged from the United States Armed Forces under *dishonorable* conditions? **If YES**, you are disqualified from obtaining a permit.
- Have you been adjudicated as mentally incompetent or committed to a mental institution? **If YES**, you are disqualified from obtaining a permit.

Applications are processed in accordance with Arizona Revised Statute §13-3112 and Arizona Administrative Code Title 13, Chapter 9 which are available on our website at www.azdps.gov.

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| <i>I attest under penalty of perjury that all statements made on this application are true.</i> | |
| X | |
| APPLICANT SIGNATURE | DATE |