



ARKANSAS STATE POLICE

Concealed Handgun Carry License Change of Name and/or Address Notification Form

You may print this form, fill it in and mail it to Arkansas State Police, CHCL Section, 1 State Police Plaza Drive, Little Rock, AR 72209 (please print or type legibly),

or e-mail it to terri.smith@asp.arkansas.gov

Arkansas Concealed Handgun Carry License Number: _____

Previous Name: _____
Last First Middle Jr., Sr., or III (if applicable)

New Name: _____
Last First Middle Jr., Sr., or III (if applicable)

Previous Physical Address: _____

City State ZIP

New Physical Address: _____

City County State ZIP

Previous Mailing Address: _____

City State ZIP

New Mailing Address: _____

City State ZIP

Arkansas Driver's License Number: _____

Daytime phone #: _____ Cell phone #: _____

E-mail address: _____

An updated concealed handgun carry license **will not** be printed.

If you would like an update license with your new name, please fill out the Lost or Destroyed License form from our website.

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