

ARKANSAS STATE POLICE

Concealed Handgun Carry License Lost or Destroyed License Replacement Request Form PLEASE TYPE OR PRINT LEGIBLY

Name:						
LAST				MIDDLE		
Arkansas Concealed Handgun Carr	y License #:				Exp date:	
· ·	·	(if known)				
Physical address:						
		(STREET				
				. AR		
(CITY)	· · · · · · · · · · · · · · · · · · ·	((COUNTY)	,	(ZIP CODE)	
Mailing address:						
<u></u>	(P. O. BO	OX #, ETC.)				
				, AR		
(CITY)		(COUNTY)		(ZI	P CODE)	
Date of Birth:	Race: Se	ex:	Cell Phone num	ber:		
Daytime telephone number:(<u> </u>		E-mail address:			
Arkansas driver's license number:		Expiration date:				
NOTICE: Knowingly providing fa applicant, by completing this form, hold a license to carry a concealed and any other state and federal law.	swears or affirm	ns that he/sh	ne is in compliance	with ar	nd meets all the qualifications to	
I hereby state under oath that the re	presentations m	ade herein a	are true and correct.			
Signature of Applicant:		Date:				
	rst/MI/Last Name)				(Month/Day/Year)	
State of Arkansas County of Subscribed and sworn before m	e a notary put	olic in and	for the county afo	resaid	this day of	
, 20 Notary Public Signature:			My commi	ssion	expires:	
YOU MUST ENCLOSE THE FOL					•	
1. This properly completed form.	0 1 177	1 0	T: ('0 '11	`		
2. A legible copy of your Arkansas3. A legible copy of your Arkansas				e).		
4. a. If you are 64 years of age or your Arkansas				ayable	to the Arkansas State Police.	

Mail your request packet to: Arkansas State Police, CHCL Section, 1 State Police Plaza Drive, Little Rock, AR 72209

b. If you are 65 years of age or older – A check or money order for \$7.50 payable to the Arkansas State Police