

CONCEALED WEAPONS PERMIT RENEWAL APPLICATION PACKET INSTRUCTIONS

IMPORTANT: To renew an Arizona concealed weapons permit, the permit holder shall submit a renewal application, **no more than 90 days before or 60 days after the date of expiration.**

- If submitted **prior to 90-days** before, the application will be returned
- If received more **than 61+ days after the expiration date**, you must submit a **NEW** application packet.
 - ◆ Members of the United States armed forces, Arizona national guard, or reserves of any military establishment of the United States on federal active duty and deployed overseas at the time their permit expires, may renew the permit by submitting the application within 90-days after the end of the overseas deployment. Evidence of the deployment must be submitted with the renewal application

Before completing the application, review and become knowledgeable of Arizona Revised Statutes Title 13, Chapters 4 and 31 (<https://www.azleg.gov/arstitle>) You are required to attest you have done so on the application.

INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED

RENEWAL APPLICATION PACKET Required documents:

1. Complete *Concealed Weapons Permit Renewal Application*.
 - A. Complete and sign the application in black ink or fill out the PDF form online, print and sign.
 - B. Make sure **all** fields are filled out and **all** questions are answered.
2. Required Supporting Documents: *Official copies are accepted. Do not send originals as they will not be returned.*
 - A. Proof of Identity:
 - 1) Government-issued photo identification (ID) such as a driver license, state-issued identification card, or passport.
 - 2) IF born outside the United States or one of its territories, submit a copy of one of the following:
 - a. Record of birth abroad to an American citizen.
 - b. Record of birth to Armed Service personnel.
 - c. Passport issued by the United States
 - d. Certificate of Naturalization
 - 3) IF not a citizen of the United States, you must be a resident of Arizona. Conditional Residents do not qualify for an AZ Permit. Submit a copy of each of the following:
 - a. A permanent resident alien card (front and back), USCIS Form I-94, or other federally issued document authorizing the applicant to be in the United States.
 1. Copy of a resident alien card must have the following:
 - a) Clearly visible "A" number.
 - b) The issue and expiration dates must be imprinted on the front of the card.
 - c) The card must be current for the entire duration of CCW permit issuance
 - b. Proof of Arizona residency (as defined by A.R.S. §28-2001):
 1. Arizona Driver License or ID Card matching the address on the application, or
 2. Two documents issued from separate businesses, organizations, or government agencies (utility bills, credit card/bank statements, insurance policy, lease, etc.) with your legal name, as it shows on your AZ DL or ID Card, and physical address listed (not a PO Box), matching the address provided on your application.
3. Payment:
 - A. \$43 money order, cashier's check, or certified check payable to **AZ DPS**.
 - B. Please add applicant name to payment.
 - C. **NO** personal checks, business checks, or cash will be accepted. Your application will be returned without being processed.

Mail Renewal Application Packet to:

**AZ DPS CWPU
PO BOX 6488
PHOENIX AZ 85005**



ARIZONA DEPARTMENT OF PUBLIC SAFETY
**RENEWAL APPLICATION
 CONCEALED WEAPONS PERMIT**

CURRENT PERMIT NO.	EXPIRATION DATE
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ENSURE ALL BLOCKS ARE FILLED
PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK ONLY

LEGAL NAME (Last, First, Middle)		EMAIL ADDRESS		COUNTY (that you live in)			
RESIDENCE ADDRESS (Street number and name including Apartment/Lot. <i>No P.O. Box</i>)				CITY	STATE ZIP CODE		
MAILING ADDRESS (if different from above) (P.O. Box address goes here)				CITY	STATE ZIP CODE		
BIRTH DATE (mm/dd/yyyy)	CONTACT PHONE NO. (Include Area Code)		EYE COLOR (Pick one)		HAIR COLOR (Pick one)		
ORIGIN / RACE (Pick one)		SOCIAL SECURITY NO.		<input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Hazel			
<input type="checkbox"/> American Indian or Alaskan Native (I) <input type="checkbox"/> Asian / Pacific Islander (A) <input type="checkbox"/> Black (B) <input type="checkbox"/> Hispanic / White (W)		GENDER (Pick one)	HEIGHT (ft/in)			<input type="checkbox"/> Bald <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Blonde <input type="checkbox"/> Sandy <input type="checkbox"/> Brown <input type="checkbox"/> White	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	WEIGHT (lbs)			PLACE OF BIRTH (State) (Country of birth)	

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

- | | | |
|------------------------------|--------------------------|---|
| YES | NO | |
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States citizen born IN the United States or one of its territories? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States citizen born OUTSIDE of the United States or one of its territories? If YES, submit a copy of one of the following: certificate of naturalization; record of birth abroad to American citizen; record of birth to armed service personnel; or a current United States passport. |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Are you an alien admitted to the United States as a lawful permanent resident? If yes, include required documents (see instructions). |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under indictment for a felony arrest? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | 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 firearm rights restored to be considered for a permit. Please provide court documentation. You must not be a prohibited possessor under state or federal law. |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Have you been adjudicated delinquent for a felony? If YES, you must have your firearm rights restored. Please provide court documentation. |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Are you an unlawful user of, or addicted to, any controlled substances? |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under indictment for a misdemeanor crime of domestic violence? |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | 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. Please provide court documentation. |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Have you been discharged from the United States Armed Forces under <u>dishonorable</u> conditions? If YES, you are disqualified from obtaining a permit. |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | 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/services/public/cwp.

I attest under penalty of perjury that all statements made on this application are true.

I further attest that I have reviewed and am knowledgeable of Arizona Revised Statutes, Title 13, Chapter 4, and Chapter 31.

By signing this application, I agree that any fee overpayment of \$10.00 or less will be automatically donated to the State General Fund. Any overpayment of over \$10.00 will cause the application to be returned for payment adjustment, and the application will not be processed until corrected.

X

APPLICANT SIGNATURE _____ DATE mm/dd/yyyy _____