

FLORIDA DEPARTMENT OF
AGRICULTURE AND CONSUMER SERVICES
DIVISION OF LICENSING



ADAM H. PUTNAM
COMMISSIONER

APPLICATION
for the
FLORIDA CONCEALED WEAPON OR FIREARM LICENSE

(Includes the Application Form and Your Tracking Number)

YOUR TRACKING NUMBER

You can use the tracking number that appears above to obtain information concerning the status of your application as it is being reviewed and evaluated by our Division personnel.

Simply call our office at 850-245-5691 from a touchtone telephone and follow the automated instructions.

PLEASE READ THE FOLLOWING CAREFULLY

- *Your tracking number is a **UNIQUE ID NUMBER** that is linked directly to the **BARCODE** that appears on the application on the next page. Therefore, we ask that you **DO NOT MAKE COPIES OF THIS APPLICATION** for use by others. Doing so will make it impossible for you to track the progress of your own application.*
- *You should allow 3-4 weeks from the time you mail your application before you call for a status update.*
- *Processing time will vary depending upon the Division's workload. However, please be advised that if your application is **INCOMPLETE** or if we receive background check information from law enforcement authorities that requires additional review to confirm your eligibility for licensure, processing time may take up to 90 days.*
- *Please do not return this document with your application. Keep it in a secure place for future reference.*



Florida Department of Agriculture and Consumer Services
 Division of Licensing
APPLICATION FOR CONCEALED WEAPON/FIREARM LICENSE

Chapter 790, Florida Statutes

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691

Internet Address: <http://mylicensesite.com>

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Please read all instructions carefully **BEFORE YOU BEGIN.**

PLACE NUMBERS & LETTERS INSIDE BOXES AS SHOWN.

To prevent unnecessary delays in the processing of your application,
 be sure to answer all questions and submit any necessary documentation.

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SECTION I. APPLICANT INFORMATION

<i>SOCIAL SECURITY NO.</i>	VOLUNTARY	<i>ALIEN REGISTRATION NO.</i>	<i>If you are an alien, you must also provide your Alien Registration Number.</i>
<input type="text"/>	See <i>Use of Social Security Number</i> in APPLICATION INSTRUCTIONS.	<input type="text"/>	
<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>MI</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<i>RESIDENCE ADDRESS</i>		<i>PHONE NUMBER</i>	
<input type="text"/>		<input type="text"/>	
<i>RESIDENCE ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)</i>		<input type="text"/>	
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>MAILING ADDRESS IF DIFFERENT FROM ABOVE</i>			
<input type="text"/>			
<i>MAILING ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)</i>		<input type="text"/>	
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>SEX</i>	<i>RACE</i>	<i>EYE COLOR</i>	<i>HAIR COLOR</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>DATE OF BIRTH (MMDDYYYY)</i>		<i>WEIGHT</i>	<i>HEIGHT</i>
<input type="text"/>		<input type="text"/>	<input type="text"/> FT <input type="text"/> IN
<i>PLACE OF BIRTH (CITY, STATE OR PROVINCE, AND COUNTRY)</i>			
<input type="text"/>			
<i>OCCUPATION (MUST BE COMPLETED - EVEN IF YOU ARE RETIRED OR SELF-EMPLOYED)</i>			
<input type="text"/>			
<i>EMAIL ADDRESS</i>			
<input type="text"/>			

SECTION II. QUALIFYING DATA (SHADE IN THE APPROPRIATE CIRCLE)

1) Are you applying for this license as a consular security official of a foreign government which meets the standards defined in Section 790.06(2)(a), Florida Statutes? If yes, see #1 of APPLICATION INSTRUCTIONS.	<input type="radio"/> YES <input type="radio"/> NO
2) Do you hold an active certification from the Florida Criminal Justice Standards and Training Commission as a law enforcement officer, correctional officer, or correctional probation officer as defined in Section 943.10(1), (2), (3), (6), (7), (8), or (9), Florida Statutes? If yes, see #2 of APPLICATION INSTRUCTIONS.	<input type="radio"/> YES <input type="radio"/> NO
3) Are you a retired Florida law enforcement officer, correctional officer, or correctional probation officer as defined in Section 943.10(1), (2), or (3), Florida Statutes? If yes, see #3 of APPLICATION INSTRUCTIONS.	<input type="radio"/> YES <input type="radio"/> NO



4a) Do you qualify for exemption from the public records law as provided by Section 119.071(4)(d), Florida Statutes? See #4 of APPLICATION INSTRUCTIONS. YES NO

4b) If yes, do you wish to have this information kept confidential? YES NO

5a) Have you ever renounced United States citizenship?
IF YES, you are not eligible for licensure and your application will be denied. YES NO

5b) Are you currently residing in the United States?
IF YES, proceed to question (5c). IF NO, unless you are serving overseas in the United States Armed Forces, you are not eligible for licensure and your application will be denied. YES NO

5c) Are you a United States citizen?
IF YES, proceed to question (6). IF NO, proceed to question (5d). YES NO

5d) Are you deemed a lawful permanent resident alien by the Department of Homeland Security, U.S. Citizenship and Immigration Services?
IF YES, proceed to question (6). IF you are not a U.S. citizen or if you do not possess permanent resident alien status, you are not eligible for licensure and your application will be denied. YES NO

6) Have you received training with a firearm as required by Section 790.06(2)(h), Florida Statutes, relating to competency with a firearm? See #6 of APPLICATION INSTRUCTIONS. YES NO

7) Have you ever been convicted of a felony?
If yes, please see #7 of the APPLICATION INSTRUCTIONS. YES NO

8) Have you had adjudication of guilt withheld or imposition of sentence suspended on a felony charge or a misdemeanor crime of domestic violence?
If yes, see #8 of APPLICATION INSTRUCTIONS. YES NO

9) Have you been convicted, found guilty of, or had adjudication withheld on one or more misdemeanor crimes of violence?
If yes, see #9 of APPLICATION INSTRUCTIONS. YES NO

10) Have you been convicted or found guilty of a misdemeanor crime of domestic violence?
If yes, you are not eligible for licensure. See #10 of APPLICATION INSTRUCTIONS. YES NO

11) Have you been issued an injunction that is currently in force and effect that restrains you from committing acts of domestic violence or acts of repeat violence?
If yes, you are not eligible for licensure. See #11 of APPLICATION INSTRUCTIONS. YES NO

12) Have you ever been adjudicated incapacitated, committed to a mental institution, or adjudicated mentally defective?
If yes, see #12 of APPLICATION INSTRUCTIONS. YES NO

13) During the three years preceding the date of this application, have you been:

a. Committed for the abuse of controlled substances, or been found guilty or convicted of a crime under the provisions of Chapter 893, Florida Statutes, or similar laws of any other state, or had multiple arrests for such offenses within the past five years with the most recent arrest occurring within the past year? YES NO

b. Committed for the abuse of alcoholic beverages or other substances under the provisions of Chapter 397, or under the provisions of former Chapter 396, Florida Statutes, or convicted under Section 790.151, Florida Statutes, or been deemed a habitual offender under the provisions of Section 856.011(3), Florida Statutes, or similar laws of any other state? YES NO

c. Convicted two or more times under Section 316.193, Florida Statutes, or similar laws of any other state for driving under the influence of alcohol or a controlled substance? YES NO

If you answered yes to any of these questions, you are not eligible for licensure.

14) Are you under arrest or currently charged in any court with a felony, any crime punishable by imprisonment for more than one year, or any crime of violence, including crimes of domestic violence? If yes, see #14 of APPLICATION INSTRUCTIONS. YES NO

15) Are you a fugitive from justice? If yes, please see #15 of the APPLICATION INSTRUCTIONS. YES NO

16) Have you been discharged from the Armed Forces under dishonorable conditions? If yes, you are not eligible for licensure. YES NO

SECTION III. NOTARIZATION STATEMENT
THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY DOCUMENT SUBJECTS THE APPLICANT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES.

I DO SWEAR AND AFFIRM THAT:

a) I have been furnished a copy of Chapter 790, Florida Statutes, relating to weapons and firearms, and that I am knowledgeable of the provisions contained therein.
b) I do desire a legal means to carry a concealed weapon or firearm for lawful self-defense.
c) I do not suffer from a physical infirmity that would prevent my safely handling a weapon or firearm.
d) The information contained in this application and all attached documents is true and correct to the best of my knowledge.

Signature of Applicant

Date Signed

STATE OF _____

COUNTY OF _____

The foregoing application was sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by:

Print Name of Applicant

NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY

Personally Known Produced Identification Type of Identification Produced _____