

New Mexico Department of Public Safety

CONCEALED HANDGUN LICENSE / CONCEALED CARRY HANDGUN INSTRUCTOR APPROVAL APPLICATION

Read “**APPLICATION INSTRUCTIONS**” prior to completing this application. **TYPE** or **PRINT LEGIBLY IN INK**. Your application **WILL NOT** be processed unless/until all applicable questions have been answered on page 2 and all required documents have been submitted.

Be sure to include: Cogent fingerprint receipt, authorization to obtain health information form, authorization for release of information form, a photocopy of your birth certificate or naturalization certificate, a current certificate of firearms training, a photocopy of your New Mexico driver’s license or identification card, and payment in the form of personal check, cashier’s check, money order, cash, or credit card for the appropriate amount.

FEES ARE NON-REFUNDABLE

| | | | | | |
|---|----------------------|--|----------------------------------|--|------------|
| <input type="checkbox"/> New License Application | | <input type="checkbox"/> Training Instructor Application | | <input type="checkbox"/> Renewal Application | |
| <input type="checkbox"/> Current Law Enforcement | | <input type="checkbox"/> Mounted Patrol | | <input type="checkbox"/> Retired Law Enforcement | |
| <input type="checkbox"/> Military Veteran Application | | <input type="checkbox"/> Active Military Application | | <input type="checkbox"/> Other: _____ | |
| Social Security Number: | | Date of Birth (mm-dd-yyyy) | | Sex: M <input type="checkbox"/> F <input type="checkbox"/> | |
| Last Name: | | First Name: | | Middle Name: | |
| County of Residency: | NM Driver’s License: | NM Driver’s License Issue date: | Height: | Weight: | Eye Color: |
| Place of Birth: | City of Birth: | State of Birth: | Country of Birth other than USA: | | |
| Mailing Address: | | | City: | State: | Zip Code: |
| Physical Address: (if different than above) | | | City: | State: | Zip Code: |
| How long have you lived at the above address | | Home Phone: | | Business Phone: | |
| Years | Months | Email: | | | |

FOR OFFICE USE ONLY:

Form of Payment: Money Order Cashier’s Check Personal Check Cash Credit Card

The Department of Public Safety acknowledges that on _____ the sum of \$ _____ was received by:

Signature of employee accepting application

Printed / typed name of employee accepting application

Instructions to Department Employee or approved person receiving the application: Use the check list below to mark off the required documents included in this packet prior to forwarding packet to the Concealed Carry Unit.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 2-page application | <input type="checkbox"/> Photocopy of NM DL or ID | <input type="checkbox"/> (2) Release Forms | <input type="checkbox"/> Letter From Agency |
| <input type="checkbox"/> \$56.00 Application Fee | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Fingerprint Receipt | |
| <input type="checkbox"/> \$75.00 Renewal Fee | <input type="checkbox"/> Training Certificate | <input type="checkbox"/> Law Enforcement certification number | |

ALL APPLICANTS CHECK "YES" or "NO" TO THE QUESTIONS BELOW

YES NO

| | | |
|---|-----------------------|-----------------------|
| 1. Are you a citizen of the United States? | <input type="radio"/> | <input type="radio"/> |
| 2. Are you a resident of New Mexico or a member of the armed forces whose permanent duty station is located in New Mexico or a dependent of such a member? | <input type="radio"/> | <input type="radio"/> |
| 3. Are you 21 years of age or older? | <input type="radio"/> | <input type="radio"/> |
| 4. Have you satisfactorily completed a DPS –Approved Firearms Safety Training Program or Renewal Training Program? | <input type="radio"/> | <input type="radio"/> |
| 5. Have you been convicted of a felony in New Mexico or any other state or pursuant to the laws of the United States or any other jurisdiction? | <input type="radio"/> | <input type="radio"/> |
| 6. Are you currently under indictment for a felony criminal offense in New Mexico or any other state or pursuant to the laws of the United States or any other jurisdiction? | <input type="radio"/> | <input type="radio"/> |
| 7. Are you otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing a firearm? | <input type="radio"/> | <input type="radio"/> |
| 8. Have you been adjudicated incompetent or committed to a mental institution? | <input type="radio"/> | <input type="radio"/> |
| 9. Are you an unlawful user of, or addicted to any controlled substances and/or alcohol? | <input type="radio"/> | <input type="radio"/> |
| 10. Have you received a conditional discharge, a diversion or a deferment, or been convicted of, pled guilty to or entered a plea of nolo contendere to a misdemeanor offense involving a crime of violence within the last 10 years? | <input type="radio"/> | <input type="radio"/> |
| 11. Have you, within five years immediately preceding this application, been convicted of a misdemeanor offense involving driving while under the influence of intoxicating liquor or drugs? | <input type="radio"/> | <input type="radio"/> |
| 12. Have you been convicted of a misdemeanor offense involving the possession or abuse of a controlled substance within the last 10 years immediately preceding this application? | <input type="radio"/> | <input type="radio"/> |
| 13. Have you been convicted of a misdemeanor offense involving assault, battery or battery against a household member? | <input type="radio"/> | <input type="radio"/> |
| 14. Since the age of 18, have you been arrested for any reason? | <input type="radio"/> | <input type="radio"/> |
| 15. Are you a fugitive from justice? | <input type="radio"/> | <input type="radio"/> |
| 16. Are you an alien who is residing in the United States illegally or a former citizen of the United States who has renounced citizenship? | <input type="radio"/> | <input type="radio"/> |
| 17. ***INSTRUCTOR APPLICANTS ONLY*** Do you meet ALL training instructor criteria required under NMAC 10.8.2.22? (If yes, include all proper documentation). | <input type="radio"/> | <input type="radio"/> |

WARNING: Submission of a false answer to any question or submission of a materially false document will result in the denial of the application and may result in criminal prosecution for perjury (NMSA 30-25-1). Tampering with public records may result in criminal prosecution under NMSA 30-26-1.

I HEREBY STATE UNDER PENALTY OF LAW THAT:

1. I have read the New Mexico Concealed Handgun Carry Act of 2003 and qualify to apply for a concealed handgun license;
2. I have been furnished with a copy of the state laws relating to concealed handguns and have read and understand them;
3. I want a permit to carry a concealed handgun for lawful purposes, which may include self-defense;
4. The information in this application and any documents submitted in this application is true, correct and complete to the best of my knowledge and belief; and
5. I understand a license eligibility investigation will be conducted as a part of the application process; this may involve, but is not limited to, computerized record searches/criminal history searches and I authorize the investigation.

_____ Date

_____ Signature of Applicant

_____ Applicant Full Name (Print Clearly or Type)

NEW MEXICO DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION TO OBTAIN HEALTH INFORMATION

This authorization allows the New Mexico Department of Public Safety (DPS) to obtain confidential health information about you. The authorization may be revoked by you. It will remain in effect indefinitely solely for purposes of obtaining information regarding your Concealed Handgun Carry Act application or permit. You are entitled to a copy of the completed authorization. There may be fees charged for any copying associated with this request. If you are a person with a disability and you require this authorization in an alternative format or require a special accommodation to complete this form, you may request assistance from staff at any DPS location.

Applicant Name Printed (First, Middle, Last)

1. I authorize the Department of Public Safety to obtain health information as described below.
2. I understand that any information disclosed by any provider of any kind may include information about behavioral or mental health services, and treatment for alcohol or drug/substance abuse and information obtained by the New Mexico Department of Public Safety from any other provider specifically related to the statutory purposes set out in the Concealed Handgun Carry Act at Section 29-19-1 to 29-19-13, NMSA 1978.
3. This authorization applies to any health information from any provider or any source relating to the stated purposes.
4. The health information will specifically be related to (a) adjudication of mental incompetence or any commitment to a mental institution; (b) any addiction to alcohol or controlled substances.
5. This health information shall be utilized in order to assess compliance with the purposes of the Concealed Handgun Carry Act.

STATEMENT OF UNDERSTANDING:

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to the New Mexico Department of Public Safety. I understand that the revocation will not apply to information that has already been obtained pursuant to this authorization. I understand that unless I revoke this authorization as stated above, this authorization will continue in full force and effect. I understand that authorizing the disclosure of this health information is voluntary. I further understand that revoking this authorization may have consequences regarding my application for a concealed handgun carry permit, or my ability to continue carrying a concealed handgun if I have already been issued a concealed handgun carry permit.

SIGNATURES

Signature of Applicant

Date

Signature of Witness

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE PRINTED-LEGIBLY) (SOC) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamph. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

New Mexico Department of Public Safety Concealed Carry Unit

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

ADDRESS: **6301 Indian School Road NE Suite 310, Albuquerque, NM 87110**

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN)

IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

(SEAL)

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____