

New Mexico Department of Public Safety

CONCEALED HANDGUN LICENSE REPLACEMENT CARD APPLICATION

TYPE or PRINT LEGIBLE IN INK. Your application WILL NOT be processed unless all applicable questions have been answered and all required documents have been submitted. FOR ANY LICENSE CHANGES, THE CURRENT CARD MUST BE SURRENDERED WITH APPLICATION AND \$10.00 FEE. See NMAC 10.8.2.18 and NMAC 10.8.2.19(A)(4)

FEES ARE NON-REFUNDABLE

<input type="checkbox"/> Change of Address		<input type="checkbox"/> Change of Name		<input type="checkbox"/> Lost or Stolen		<input type="checkbox"/> Add Endorsement	
<input type="checkbox"/> Other: _____							
Social Security Number:			Date of Birth (mm-dd-yyyy)			Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:
Last Name:			First Name:			Middle Name:	
County of Residence:		NM Driver's License or ID number:		NM Driver's License Issue Date:	Height:	Weight:	Eye Color:
Hair 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: <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card							
The Department of Public Safety acknowledges that on _____ the sum of \$ _____ was received by:							
_____ Signature of employee accepting application				_____ Printed or Typed name of employee			
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"/> Replacement Application <input type="checkbox"/> \$10 Replacement Fee <input type="checkbox"/> Name Change Documents <input type="checkbox"/> Address Change Documents							
<input type="checkbox"/> Copy of Police Report or Case Number <input type="checkbox"/> Sworn statement of lost, stolen, or destroyed license.							

WARNING: Submission of 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 or perjury (NMSA 30-25-1). Tampering with public records may result in criminal prosecution under NMSA 30-26-1.

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 I understand them;
3. I want a permit to carry a concealed handgun for lawful purposes, which may include self-defense;
4. 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 dearly or Type)