



# ARKANSAS STATE POLICE

ASP-40COA  
(Rev. 12/06)

## Concealed Handgun License Change of Address Notification Form

You may print this form and mail it to Arkansas State Police, Concealed Handgun Licensing Section, 1 State Police Plaza Drive, Little Rock, AR 72209 or e-mail it to [info@asp.arkansas.gov](mailto:info@asp.arkansas.gov) or to the ASP/CHL UNIT E-Mail Inquiries link on our website

Arkansas Concealed Handgun License Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(First/MI/Last Name)

New Physical Address: \_\_\_\_\_  
(Street Number, Rural Route & Box Number, NOT A P.O. BOX)

\_\_\_\_\_  
(City) (State) (Zip Code)

New Mailing Address: \_\_\_\_\_  
(Street Number, Rural Route & Box Number, etc.)

\_\_\_\_\_  
(City) (State) (Zip Code)

Daytime Phone Number: ( ) \_\_\_\_\_

Arkansas Driver's License Or I.D. Number: \_\_\_\_\_

An updated concealed handgun license will not be printed.

Please retain a completed copy of this form for your files.