



# ARKANSAS STATE POLICE

ASP-40CON  
(Rev. 12/06)

## Concealed Handgun License Change of Name 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: \_\_\_\_\_

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

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.