ARKANSAS STATE POLICE

ASP-40 R
(Rev. 03/08)

Concealed Handgun License
Lost or Destroyed License Replacement
Request Form

PLEASE TYPE OR PRINT LEGIBLY

Name: _____
LAST FIRST MIDDLE

Arkansas Concealed Handgun Carry License #: _____ Exp date: _____

Physical address: _____
(STREET)

_____ , _____, AR _____
(CITY) (COUNTY) (ZIP CODE)

Mailing address:_____
(P. O. BOX #, ETC.)

_____, _____, AR _____
(CITY) (COUNTY) (ZIP CODE)

Date of Birth:_____ Race: _____ Sex: _____

Daytime telephone number:(_____)_____ Eyes_____ Hair_____ Height_____

Arkansas driver's license number: _____ Expiration date: _____

NOTICE: Knowingly providing false information on this form is against Arkansas law Ark. Code Ann §5-73-305. The applicant, by completing this form, swears or affirms that he/she is in compliance with and meets all the qualifications to hold a license to carry a concealed handgun pursuant to the criteria specified in Ark Code Ann §5-73-308 and §5-73-309 and any other state and federal law.

I hereby state under oath that the representations made herein are true and correct. I authorize the Arkansas State Police Concealed Handgun Carry Licensing Section to retrieve and use my Arkansas driver's license or identification card digital photo in conjunction with my Arkansas Concealed Handgun Carry License.

Signature of Applicant: _____ Date:_____
(First/MI/Last Name) (Month/Day/Year)

YOU MUST ENCLOSE THE FOLLOWING WITH THIS REQUEST:
1. This properly completed form.
2. A legible copy of your Arkansas Concealed Handgun License (if possible).
3. A legible copy of your Arkansas Driver's License or I.D. Card.
4. A check or money order for $15.00 payable to the Arkansas State Police.

Mail your request packet to: Arkansas State Police, Concealed Handgun Carry Licensing Section, 1 State Police Plaza Drive, Little Rock, AR 72209. If you have not received your license, a letter or a phone call from our office, please do not contact us until 120 days have passed from the date you submitted your application.