

**New Mexico Department of Public Safety**

**CONCEALED HANDGUN LICENSE/REPLACEMENT CARD 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 and all required documents have been submitted.

See 10.8.2.19 NMAC and 10.8.2.18 NMAC. **CASH WILL NOT BE ACCEPTED. FEES ARE NON-REFUNDABLE.**

<input type="checkbox"/> Change of Address		<input type="checkbox"/> Change of Name		<input type="checkbox"/> Replacement Card		<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:		License Issue Date:	Height:	Weight:	Eye Color:	Hair Color:
Place of Birth:	City:			State:		Country:		
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 (yrs./months)?				Home Phone:		Business Phone:		
<b>FOR OFFICE USE ONLY:</b>								
Form of Payment: <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> CERTIFIED CHECK <input type="checkbox"/> PERSONAL CHECK								
_____								
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.

- Replacement Application     \$5.00 Replacement Fee     Name Change Documents     Address Change Documents  
 Copy of Police Report or Case Number     Sworn Statement of lost, stolen or destroyed license

**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