

## CONCEALED PISTOL LICENSE APPLICATION

<b>I. General Information:</b> Type or clearly print answers to all fields.					
1. Full Legal Name (First, Middle, Last, Suffix)				2. Date of Birth	
3. Previous Names or Alias (If applicable)			4. Daytime Telephone Number		
5. Social Security Number (Voluntary)			6. Driver License Number or State Identification Number		
7. a. Residential Address		b. Residential City		c. Residential Zip	
8. a. Mailing Address (If different)		b. Mailing City		c. Mailing Zip	
9. a. Race	b. Gender	c. Height	d. Weight	e. Hair Color	f. Eye Color
10. Name of Police Department in the City, Village, or Township of Residence (If applicable)					
11. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. a. Are you a Legal Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		b. Indicate A or I-94 Number	c. Country of Citizenship
<b>II. Type of License:</b> Check the box next to the type of license that applies to this application.					
<input type="checkbox"/> <b>New</b> - Applying for a new license.					
<input type="checkbox"/> <b>Temporary</b> - If applying for a temporary license, attach a statement of facts supporting a temporary license.					
<input type="checkbox"/> <b>Renewal</b> - If renewing an existing license, complete the renewal information and certification below.					
1. Renewal Information					
a. Expiration Date		b. Issue Date	c. County of Issuance		d. Concealed Pistol License Number
2. Renewal Certification					
I certify that I have completed at least 3 hours of review of the required training and have had a least 1 hour of firing range time in the last 6 months preceding this application.					
Signature				Date	
<b>III. Survey:</b> Answer "yes" or "no" to the following questions.					
1. Have you ever been convicted of a felony in this state or elsewhere?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you have a felony charge pending in this state or elsewhere?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you been convicted of any misdemeanor listed on the Concealed Pistol License Guide in the 8 years preceding this application? If yes, please explain on the reverse side of this application.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you ever been convicted of a misdemeanor crime of domestic violence?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you have a personal protection order against you, or been released by a judge or a court subject to protective conditions?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever been found guilty but mentally ill of any crime and offered a plea of not guilty of, or been acquitted of, any crime by reason of insanity?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever been subject to an order of involuntary commitment in an inpatient or outpatient setting due to a mental illness?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you have a diagnosed mental illness, regardless of whether you are receiving treatment for that illness?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Are you under a court order of legal incapacity in this state or elsewhere?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Have you ever been dishonorably discharged from the United States Armed Forces?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have you completed the training required for a new Concealed Pistol License ( <u>original</u> documentation must be submitted with the application), <b>OR</b> have you certified above that you have completed the required review and firing range time for a renewal of your license?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Are you a retired peace officer or law enforcement officer?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are you exempt from pistol-free zones pursuant to MCL 28.425o? If yes, proof must be presented to the county clerk.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IV. References:</b> Provide the names, addresses, and telephone numbers of two references.					
1. Reference One					
a. Name			b. Telephone Number		
c. Residential Address			d. City	e. Zip	
2. Reference Two					
a. Name			b. Telephone Number		
c. Residential Address			d. City	e. Zip	
<b>V. Agreement and Certification:</b> Read the following statements. By signing below, you acknowledge they are true.					
<ul style="list-style-type: none"> <li>• I have read the information provided on carrying a concealed pistol and obtaining a Michigan Concealed Pistol License, and I meet all of the criteria for a Concealed Pistol License under Public Act 372 of 1927, as amended.</li> <li>• I give authority to the Concealed Weapons Licensing Board to access any record, including medical and mental health records, pertaining to my qualifications to receive a Concealed Pistol License. I understand I may request that the licensing board review my medical and mental health records in a closed session, and that I and my representative may be present at that closed session.</li> <li>• I understand this application is executed under oath and swear or affirm under penalty of law that the above answers are true and correct to the best of my knowledge.  <b>I understand that intentionally making a false statement on this application is a felony punishable by imprisonment for not more than 4 years or a fine of not more than \$2,500, or both.</b></li> <li>• I have been provided with a copy of the Compilation of the Firearms Laws of the State of Michigan.</li> </ul>					
Applicant's Signature (Do not sign until instructed by the county clerk or his or her representative)				Date	
Witness (County clerk or representative)				Date	
<b>Return the completed unsigned form, a passport-quality photograph, and documentation of required training to the county clerk's office.</b> <b>AUTHORITY:</b> 1927 PA 372, as amended <b>COMPLIANCE:</b> Voluntary <b>PENALTY:</b> Non-Issuance					