



Louisiana Department of Public Safety and Corrections
Office of State Police

Louisiana Concealed Handgun Permit Application Packet

- Submit applications to: **Concealed Handgun Permit Unit, P.O. Box 66375, Baton Rouge, LA 70896**
- If you have questions you may contact the Concealed Handgun Permit Unit at (225) 925-4867, fax to (225)922-0225, mail to: P.O. Box 66375, Baton Rouge, LA 70896, or email to: concealed_handguns@dps.state.la.us
- Information can also be found at www.lsp.org/handguns.html

GENERAL INFORMATION AND INSTRUCTIONS

Please read and follow instructions carefully. Failure to submit application correctly will result in processing delays.

- 1. CONCEALED HANDGUN PERMIT LAW – LRS 40:1379.3**
 - a) All applicants must read this law and swear to this fact. The statute contains the eligibility requirements to receive a concealed handgun permit as well as the rules and regulations regarding the code of conduct of permittees.
 - b) A copy of the “*Louisiana Concealed Handgun Permit Laws, Administrative Rules and Selected Statutes*” can be found at www.lsp.org/handguns.html
- 2. APPLICATION PROCESSING FEES (New and Renewal Applications)**
 - a) 4 year permits - \$100.00 (65 years and older - \$50.00)
 - b) 2 year permits - \$50.00 (65 years and older - \$25.00)
 - c) ***Note* If an applicant has not continuously resided in Louisiana for the past 15 years an additional \$50.00 fee is required.**
 - d) A fee schedule is listed in the “*Louisiana Concealed Handgun Permit Laws, Administrative Rules and Selected Statute.*” Initial application fees are found in LAC 55:I:1307.B.15. Renewal application fees are found in LAC 55:I:1307.D.1.
 - e) Fees are payable to the **Louisiana Department of Public Safety and Corrections** in the form of a cashier’s check, certified check or money order. Personal checks and cash are **not** accepted. **Note: ALL FEES ARE NONREFUNDABLE.**
- 3. FIREARMS TRAINING REQUIREMENTS**
 - a) Louisiana law states that an applicant shall demonstrate competence with a handgun.
 - b) Specific modes of demonstrating competence are listed in LRS 40:1379.3 (D)(1) for original applications and LAC 55:I:1307.D. for renewal applications.
 - c) Applicants must provide a copy of proof of training with their original or renewal application.
 - d) Approved firearms safety training tuition costs vary by organization and are not regulated by the DPS&C.
 - e) A list of approved instructors can be found at www.lsp.org/handguns.html
- 4. DOCUMENTS AND FILINGS**
 - a) You must submit a “New” permit application if:
 - i. This is the first time you have applied for a permit in Louisiana.
 - ii. Your previous permit has been expired for more than 60 days.
 - iii. Your previous application was denied or your permit was revoked.
 - b) Submit the completed, original application form included in this packet. **Please print legibly or type the data in the form fields. Do not send a photocopied application.**
 - c) Photograph of Applicant: All applicants are required to submit ONE Color passport size photograph (2” by 2”) with the application. The photograph must have been taken within sixty (60) days of the application date.
 - i. The person that conducts the fingerprinting of the applicant must sign and date the back of the photograph. (Original Applications Only) (Renewal applications; no fingerprint card is required, however, a new photo must be submitted.)
 - ii. **SNAPSHOTS, VENDING MACHINE PRINTS, FULL LENGTH PHOTOGRAPHS, AND DIGITIZED IMAGES WILL NOT BE ACCEPTED.**
 - iii. The photograph must be a full frontal facial view photograph taken in normal light, WITH A SOLID WHITE OR OFF-WHITE BACKGROUND.
 - iv. Sunglasses, hats, caps, and smoking material may not be part of the photograph.

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GENERAL INFORMATION AND INSTRUCTIONS (continued)

- d) For purposes of obtaining a permit, “resident” is defined in LRS 40:1379.3(J)(3) and LAC 55:I:1305.
- i. For Proof that an applicant has resided within this state for at least six months prior to his/her application for a permit, **the applicant shall submit with his application a photocopy of his valid Louisiana driver’s license or Louisiana identification card.**
 - ii. **In the event the applicant’s Louisiana driver’s license or Louisiana identification card has been issued within six months of application, proof of residency must be established by any one of the following:**
 - United States Passport;
 - Louisiana voter registration card;
 - A utility bill, phone bill, proof of mortgage or rent payments in the name of the applicant which establishes a Louisiana permanent address of the applicant; or
 - Any other documentation that adequately satisfies proof of compliance with the qualifications for residing within this state six months prior to applying for a concealed handgun permit.
 - **NOTE: For purposes of proof of residency, a business address or post office box shall not suffice.**
- e) Photocopies of any other documentation, if required, **MUST** clearly show all names, signatures and other pertinent information. Copies which are too dark or too light and do not show all pertinent information cannot be accepted. **DO NOT SEND ORIGINALS, UNLESS SPECIFICALLY REQUIRED TO DO SO, AS THEY CANNOT BE RETURNED.**
- f) Fingerprint card must be signed and filled out completely, including your name and signature, address, date of birth, place of birth, **social security number** (SSN – see below) and your physical characteristics (sex, race, height, etc.).
- i. Fingerprint card must be legible. Fingerprints should be taken/rolled by trained fingerprint technicians on a complete, legible, and classifiable FBI applicant fingerprint card by a person employed by a law enforcement agency. Fingerprint cards that are not legible will be returned to the applicant and will cause a delay in processing the application.
 - ii. The social security number (SSN) is requested on the application in order for the Department of Public Safety and Corrections to fully conduct a criminal history background check on all applicants as required by law. The social security number will be used for Criminal Justice purposes only. Such information will be utilized to verify identification and ensure that *applicants have no arrests, convictions, or warrants that would make them ineligible for a permit. Inclusion of your social security number is optional and will not constitute grounds for denial. However, verification of your eligibility to carry a concealed handgun is not optional. As such, failure to include the social security number may result in a delay of approving your application.*
- g) **FAILURE TO LIST ALL ARRESTS, DETENTIONS, AND LITIGATION MAY RESULT IN DELAY OR DENIAL OF THE PERMIT, AND OTHER CRIMINAL PENALTIES AS ALLOWED BY LAW.** If you have ever been arrested, charged, detained, indicted, or summoned for any criminal offense or violation, you must answer, “Yes” to the arrest questions **and submit certified true copies of the final court disposition of the case with your application.**
- i. This is regardless of the disposition or final outcome of the event.
 - ii. You must list all violations of law or municipal ordinances, except those such as traffic violations (speeding, red light, expired license, etc.).
 - iii. NOTE: The issuance of a Citation or Summons is an arrest and must be listed. **You must still list violations that were EXPUNGED, DISMISSED, or SET ASIDE through either Article 893, Article 894, R.S. 40:983, or for which you were PARDONED and you must provide certified documentation of each arrest with your application.**
- h) **IF YOU HAVE EVER BEEN DIVORCED YOU MUST PROVIDE THE DEPARTMENT WITH A COPY OF THE DIVORCE SETTLEMENT, DECREE, OR FINAL JUDGMENT ALONG WITH ANY OTHER ORDERS OR INJUNCTIONS OF THE COURT.** Failure to include this information will result in the delay of your application. If this information was provided with a previous application it is not needed again.

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Louisiana Concealed Handgun Permit Application

A

This application will not be processed unless completed in its entirety and submitted along with all supporting documents and application fees.

Permit Type		Application Type		Current GP # (Renewal Only)		For Office Use Only	
<input type="checkbox"/> 2 – Year <input type="checkbox"/> 4 –Year		<input type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL PERMIT➔					
LEGAL NAME (LAST, FIRST, MIDDLE)				MAIDEN NAME			
LIST ANY ALIASES OR LEGAL NAME CHANGES				PARISH OF RESIDENCE			
RACE		<input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> NATIVE AMERICAN/ALASKAN NATIVE		<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE		<input type="checkbox"/> UNKNOWN HOME PHONE NUMBER	
SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DATE OF BIRTH	DAYTIME/BUSINESS PHONE NUMBER	
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE							
SOCIAL SECURITY NUMBER (SSN)		DRIVERS LICENSE NUMBER		STATE	LA IDENTIFICATION CARD NUMBER		
PLACE OF BIRTH (City, State, Country)		ISSUE DATE OF D/L OR ID CARD		EXPIRATION DATE OF D/L OR ID CARD			
CURRENT PHYSICAL ADDRESS (STREET ADDRESS)			CITY	STATE	POSTAL ZIP CODE		
CURRENT MAILING ADDRESS (STREET/PO BOX)			CITY	STATE	POSTAL ZIP CODE		
How long have you lived at your current address? From _____ to present.							
Previous residences – Complete this section if you have not lived at your current address for the fifteen (15) years preceding the date of this application. Attach separate page if necessary.							
ADDRESS		CITY	STATE	DATES			
				FROM	TO		
PLACE OF EMPLOYMENT	NAME OF COMPANY/BUSINESS/FIRM, ETC.						
	ADDRESS						
	CITY		STATE	POSTAL CODE			
	NAME OF SUPERVISOR			CONTACT NUMBER			
MARITAL STATUS (Check all that Apply)	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	IF <u>DIVORCED</u> PLEASE PROVIDE DOCUMENTATION		
OFFICE USE ONLY							
DATE ENTERED		CHECK NUMBER		RECEIPT NUMBER		INITIALS	

ALL APPLICANTS: PLEASE ANSWER "YES" OR "NO" TO ALL QUESTIONS BELOW. Read each question carefully. If you make an error, cross out the incorrect choice and initial the change. If you answer "Yes" to questions 7-12, **attach certified true copies of the court documents**, or "Yes" to questions 13-19, **have the treating physician complete the medical summary disposition form.**

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. Are you a United States Citizen?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2. Are you lawfully present in the United States?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3. Are you a legal resident of the State of Louisiana? (Lived in Louisiana for at least the last six (6) months.)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4. Have you continuously resided in the State of Louisiana for the past fifteen (15) years?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	5. Are you at least 21 years of age?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6. Have you completed training as prescribed in LRS 40:1379.3 (D) (1) and LAC 55:I:1307.D? (Attach Proof) You MUST indicate the type of Handgun you received training with: <input type="checkbox"/> Pistol <input type="checkbox"/> Revolver <input type="checkbox"/> Both
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7. Have you ever been arrested for any criminal offense?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8. Have you ever been found guilty of, or entered a plea of guilty or nolo contendere to Operating a Vehicle While Intoxicated?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9. Have you ever received a pardon or expungement for a criminal offense?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	10. Are you currently on probation or parole for a criminal offense?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	11. Are you a fugitive from justice?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	12. Are you currently subject to any preliminary or permanent injunction, or restraining or protective order, including but not limited to divorces, family or domestic violence?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	13. Are you an unlawful user of or addicted to Marijuana, depressants, stimulants, or narcotic drugs?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	14. Have you ever been committed involuntarily, or voluntarily admitted to any treatment facility, institution, or hospital for the abuse of a controlled dangerous substance as defined in R.S. 40:961 and 964 or for the abuse of alcoholic beverages?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	15. Have you ever been adjudicated mentally deficient or been committed to a mental institution?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	16. Have you ever been hospitalized for any form of mental illness or infirmity?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	17. Have you ever received medical treatment for a mental disorder of any kind by a licensed medical practitioner?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	18. Are you currently taking, or have you ever been prescribed any medication used for the treatment of depression, psychosis or any mental illness?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	19. Are you suffering from any mental or physical infirmity due to disease, illness, or retardation, which could prevent the safe handling of a handgun?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	20. Have you ever been denied a concealed handgun permit in any jurisdiction or had such permit suspended or revoked?

ARRESTS, DETENTIONS, AND LITIGATION

If you answered "Yes" to questions 7-12, provide details below and attach certified true copies of documentation to prove disposition. If additional space is needed, attach a signed statement providing the requested information listed below.

Date of Arrest	Charge	Location (City/State)	Disposition	Arresting Agency

MILITARY SERVICE

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. Have you ever served in the Armed Forces of the United States? 2. Are you currently serving in the Armed Forces of the United States? 3. If Discharged indicate the type of discharge. _____ Note: You must Provide Proof of Discharge. For example Department of Defense Form-214 (DD-214).
<input type="checkbox"/> YES	<input type="checkbox"/> NO	

MEDICAL INFORMATION: (ONLY NECESSARY IF YOU ANSWERED "YES" TO QUESTIONS 13 – 19.)

Treating Physician	Name:
	Address:
	Phone Number:

USE THE SPACE BELOW FOR ANSWERING QUESTIONS FROM PAGE 4:
ATTACH ADDITIONAL SHEET IF NECESSARY

AFFIDAVIT of FACT

STATE OF LOUISIANA

PARISH OF _____

Affiant's Name (Printed)

Affiant's Address (Printed)

I, _____, having been duly sworn, depose and say that I have read the foregoing application, and the contents thereof, and do hereby certify that my responses and information contained within this application are true and correct and they are an accurate account of the requested information. In addition, I have also read, understand, and agree to comply with the statutes contained in R.S. 40:1379.3 and 1382, and the corresponding administrative regulations contained in LAC 55:I:1301 et seq. I have executed this statement voluntarily with the knowledge that any failure to provide truthful information is cause for denial of my application or revocation of a permit, and that the making of any false statement or response in this application is a violation of R.S. 14:133, Filing False Public Records, a criminal offense punishable by imprisonment for not more than five (5) years with or without hard labor or a fine not to exceed five thousand dollars, or both.

Affiant's Signature

Sworn to and subscribed before me on this _____ day of _____, _____

Print, Type, or Stamp Name of Notary Public

Notary Public

My commission expires _____

B

INDEMNIFICATION AND HOLD HARMLESS AFFIDAVIT

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified, in and for the Parish and State aforesaid, personally came and appeared:

Affiant's Name (Printed)

Affiant's Address (Printed)

Who being by me first duly sworn, deposed and said:

I, _____, pursuant to R.S. 40:1379.3, agree to indemnify and hold harmless the state of Louisiana, the Department of Public Safety and Corrections, the Secretary and the Deputy Secretary of the Louisiana Department of Public Safety and Corrections, and any of its agents or employees, and any peace officer within this state, from and against any and all liability, claims, actions, fines or losses of any kind or nature, including costs and attorney's fees, in any way arising out of, connected with or related to the issuance or use of my Louisiana Concealed Handgun Permit.

AFFIANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____,

PRINT, TYPE OR STAMP NAME OF NOTARY PUBLIC

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

C

AUTHORIZATION FOR RELEASE OF MEDICAL AND PERSONAL INFORMATION

STATE OF LOUISIANA

PARISH OF _____

TO: Any physician, psychologist, social worker, hospital, clinic, or other health care provider, law enforcement agency or officer, any branch of the Armed Forces of the United States, or any individual or institution having information about me.

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified, in and for the Parish and State aforesaid, personally came and appeared:

Affiant's Name (Printed)

Affiant's Address (Printed)

Who being by me first duly sworn, deposed and said:

I, _____, do hereby give my consent in authorizing full disclosure and review of all records and information, verbal or written, concerning myself to any duly authorized agent of the Louisiana Department of Public Safety and Corrections, Office of State Police, Concealed Handgun Permit Section, whether said records are public, private, confidential, or privileged in nature. I further understand that if any of the records obtained are confidential or privileged, the Louisiana Department of Public Safety and Corrections will maintain the privilege or confidentiality of such records.

The intent of this authorization is to give my consent for full and complete disclosure of any and all medical, criminal, or other personal information regarding me, including but not limited to physical, psychiatric, or substance abuse treatment and/or consultation records, and all records pertaining to my conduct such as background reports, criminal history records, etc. I further understand that this release will only be used to obtain information for the purpose of determining my eligibility for a Louisiana Concealed Handgun Permit.

I understand that any information obtained through a medical or personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my eligibility for a concealed handgun permit. I also certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I also understand that a reproductive copy of this release affidavit shall be for all intents and purposes as valid as the original. I request and appreciate your full cooperation.

This release shall be and remain valid from the date of execution until the expiration or revocation of any concealed handgun permit issued to me pursuant to this application, or until my application for a concealed handgun permit has been denied pursuant to a final judicial decision.

AFFIANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____,

PRINT, TYPE OR STAMP NAME OF NOTARY PUBLIC

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

Required Documents Checklist

- Application with the 3 affidavits completed and notarized.
- Passport type photograph described on pages 1 & 2.
- Copy of Louisiana Driver's License or Louisiana Identification Card.
- Correct Fee as described in Rule Booklet.
- Proof of Training as described in Rule Booklet.
- Certified True Copies of court minutes as requested in "Arrest, Detention, and Litigation Section." If you have not been arrested this is not applicable.
- Medial Summary Disposition completed by the treating physician or a copy of your medical records. If you answered yes to any of the medical questions this information must be provided.
- If divorced, copies of the divorce settlement, decree, or final judgment along with any orders or injunctions of the court.
- A copy of your DD214, if applicable
- A set of fingerprints on an FBI Applicant Card