



STATE OF ALASKA DEPARTMENT OF PUBLIC SAFETY

CONCEALED HANDGUN PERMIT REPORT OF ADDRESS CHANGE

AS 18.65.765(a)(1) requires that Alaska concealed handgun permit holders notify the department of a change in the permittee's address within 30 days.

This form should be used to report a change in address only. This form may not be used to renew or replace an Alaska concealed handgun permit.

INSTRUCTIONS AND GENERAL INFORMATION

1. ADDRESS, RESIDENCE, AND TELEPHONE INFORMATION

You are required to list a residence address on this form. Your residence address is the physical location of your home or other place where you habitually live and includes your house/apartment number, street name, city, and zip code. In outlying areas, provide a brief description of your physical address, e.g., *"Village Road, fourth house on the left next to boat ramp."*

You are not required to provide your telephone number. However, processing time may be reduced if there is a correctable problem on the form and you've provided your daytime telephone number.

2. FEES

There is no fee to change your address.

3. FINGERPRINTS AND PHOTOGRAPHS

Fingerprints and photographs are not required when you report a change in address. However, you may submit a more current photograph if it has been more than 12 months since your permit was issued.

4. ADDRESS CHANGE PROCESS

This form may be submitted in person or by mail or fax to the department's Permits and Licensing Unit in Anchorage. You are not required to submit this form in person.

Review the form carefully. Failure to submit a properly completed form may delay the processing of your address change.

Direct inquiries to:

Department of Public Safety
Permits and Licensing Unit
5700 East Tudor Road, Anchorage, AK 99507
Phone (907) 269-0392
FAX (907) 269-5609

www.dps.state.ak.us/Statewide/PermitsLicensing/concealedhandguns.aspx

ALASKA DEPARTMENT OF PUBLIC SAFETY Division of Statewide Services	CONCEALED HANDGUN PERMIT ADDRESS CHANGE Please type or print using black ink	Do not write in this space
This form will not be processed unless all applicable questions are answered and the form is signed.		

Section I.

ALASKA DRIVERS LICENSE OR IDENTIFICATION NUMBER		Department Use Only APSIN NUMBER		DATE OF BIRTH		PERMIT EXPIRATION DATE		
FIRST NAME			MIDDLE NAME (NMN if no middle name or MIO if initial only)		LAST NAME			SUFFIX (Jr, Sr, II, III)
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	RACE	GENDER	DAYTIME TELEPHONE NUMBER		
FT.	IN.	LBS.				<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
<u>NEW</u> RESIDENCE ADDRESS				CITY		STATE	ZIP CODE	
<u>NEW</u> MAILING ADDRESS (IF DIFFERENT THAN ABOVE)				CITY		STATE	ZIP CODE	
<u>PREVIOUS</u> RESIDENCE ADDRESS				CITY		STATE	ZIP CODE	
<u>PREVIOUS</u> MAILING ADDRESS (IF DIFFERENT THAN ABOVE)				CITY		STATE	ZIP CODE	

Section II.

Has there been any change in the information submitted on or with your original concealed handgun permit application or most recent renewal application other than your address? YES NO

If you answered "YES," provide an explanation below or attach a signed statement with an explanation. Include copies of judgments, charging documents, or any other paperwork that will allow the department to determine whether you continue to meet the requirements of AS 18.65.705.

Section II.

WARNING: AN APPLICANT WHO SUPPLIES A FALSE STATEMENT, ANSWER OR DOCUMENT IN CONNECTION WITH AN APPLICATION FOR A CONCEALED HANDGUN PERMIT THAT THE APPLICANT DOES NOT BELIEVE TO BE TRUE MAY BE PROSECUTED FOR UNSWORN FALSIFICATION IN THE SECOND DEGREE AND, IF FOUND GUILTY, MAY BE PUNISHED FOR VIOLATION OF A CLASS A MISDEMEANOR, AND IN SUCH CASES, THE PERMIT SHALL BE REVOKED AND THE APPLICANT MAY BE BARRED FROM ANY FURTHER APPLICATION FOR A PERMIT.

I HEREBY STATE UNDER PENALTY OF LAW THAT:

1. I have read [AS 18.65.705](#) and I remain qualified to hold a concealed handgun permit;
2. I want a permit to carry a concealed handgun for lawful purposes, which may include self-defense;
3. All statements, answers, and attachments to this application are true and complete; and
4. I understand that a permit eligibility investigation will be conducted as part of the application process which may involve computerized records searches and I authorize the investigation.

Full Name of Applicant (clearly printed or typed)

Signature of Applicant

Date