

STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY



RENEWAL
of a
CONCEALED HANDGUN PERMIT

This packet contains:

- General information and instructions
- Photograph specifications and instructions
- Application to renew an Alaska concealed handgun permit

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

GENERAL INFORMATION

Retain for your files

1. ALASKA CONCEALED HANDGUN PERMIT RENEWAL

You may apply to renew your concealed handgun permit within 90 days before the expiration of the permit. Renewal applications submitted earlier than 90 days before the expiration date of the permit will not be accepted.

You are not required to return or surrender your concealed handgun permit upon its expiration. However, you may not represent or display an expired permit as if it were valid unless you have submitted a complete, timely renewal application and the renewal process has been delayed due to circumstances beyond your control.

By submitting an application to renew your concealed handgun permit you acknowledge that you have read and understand the state laws and regulations relating to concealed handgun permits (AS 18.65.700 – 18.65.790 and 13 AAC 30.010 – 13 AAC 30.900).

2. ADDRESS, RESIDENCE, AND TELEPHONE INFORMATION

You must be a resident of Alaska at the time you renew your concealed handgun permit. Alaska residency is defined under Alaska Statute 01.10.055.

You are required to list a residence address on the renewal application. 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, renewal processing time may be reduced if there is a correctable problem on your application and you’ve provided your daytime telephone number.

3. RENEWAL APPLICATION PROCESS

Renewal applications may be submitted by mail to the department’s Permits and Licensing Unit in Anchorage. You are not required to apply in person to renew your concealed handgun permit.

Review your renewal application and all required documentation before you submit them. Failure to submit a properly completed renewal application and all required supporting documentation listed in #5 below may delay the processing of your concealed handgun permit renewal.

Complete renewal applications will be processed within 30 days of receipt. “Complete” means all applicable questions on the renewal application form are answered in full, the renewal application form is signed and dated, and the required fee and all required supporting documentation listed in #5 below has been submitted.

4. LATE RENEWAL APPLICATIONS

A renewal application submitted on or after the expiration date of the permit is subject to a \$25 late fee. This is in addition to the \$25 renewal fee.

Renewal applications submitted more than 60 days after the expiration date of the permit WILL NOT BE ACCEPTED and will be returned to the permit holder. If your permit has been expired for more than 60 days, you must complete the application process for a new permit.

5. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

- a. **A non-refundable renewal application fee of \$25** (or \$50 if submitting the renewal application on or after the expiration date of the permit) payable by personal check, cashier’s check, or money order made out to *State of Alaska*.
- b. **One quality frontal view color photograph** taken within the 30 days preceding your application. See the *Photograph Instructions and Specifications* page in this packet for size restrictions and specific information.

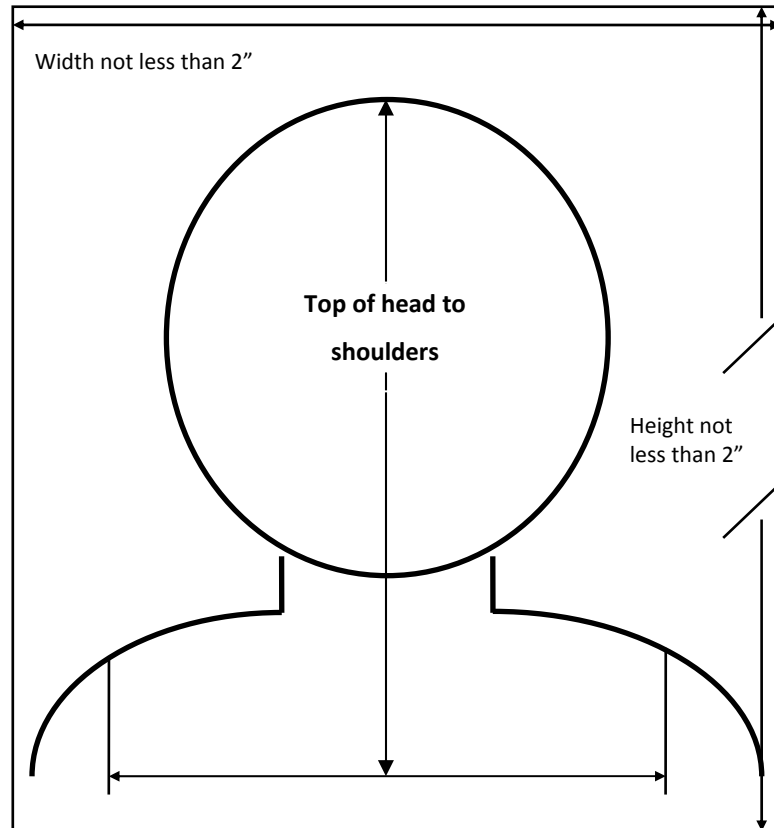
6. TERM OF PERMIT

Alaska concealed handgun permits expire on the person’s birthday in the fifth year following issuance of the permit. The department may adjust the length of an initial permit so that a permit is not issued for a period of more than five years.

CONCEALED HANDGUN PERMIT PHOTOGRAPH INSTRUCTIONS AND SPECIFICATIONS

INSTRUCTIONS:

1. Photograph must be taken within the 30 days preceding the date of application.
2. Print applicant's name, date photograph was taken, and the Alaska driver's license number or Alaska identification card number on the **back** of the photograph.



SPECIFICATIONS

1. Uncut (not trimmed), rectangular, color photograph including the top of the subject's head to the shoulders (computer disc from a digital camera is acceptable – format must be .BMP, .DIB, .TGA, .TIF, .PCX, .GIF, .WPG, .JPG, .CMP, and .PCD).
2. Outer dimension of the photograph is **not less than** 2 inches wide by 2 inches high (passport photographs are acceptable).
3. Photograph of applicant is full frontal view **including head and shoulders only**.
4. Background is very light or white with no fancy backdrop or lettering behind subject.
5. Image is **sharp** and **correctly exposed**, not retouched.
6. Photograph lies flat, is not stained, cracked, or mutilated; is not pasted on a card or mounted in any way.
7. Group pictures and full-length portraits are **not** acceptable.
8. Photograph of applicant in a hat or sunglasses is **not** acceptable.

IMPORTANT NOTE: Failure to submit a photograph as specified will delay application processing.

ALASKA DEPARTMENT OF PUBLIC SAFETY Division of Statewide Services	CONCEALED HANDGUN PERMIT RENEWAL APPLICATION Please type or print using black ink	Do not write in this space
This renewal will not be processed unless all applicable questions are answered and the required photograph and renewal fee accompany the application. THE RENEWAL FEE IS NON-REFUNDABLE.		

Section I.

ALASKA DRIVERS LICENSE OR IDENTIFICATION NUMBER		Department Use Only APSIN NUMBER		DATE OF BIRTH		PERMIT EXPIRATION DATE	
FIRST NAME			MIDDLE NAME <small>(NMN if no middle name or MIO if initial only)</small>		LAST NAME		SUFFIX <small>(Jr, Sr, II, III)</small>
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	
RESIDENCE ADDRESS				CITY		STATE	ZIP CODE
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 that is not reported on this renewal application?
 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 III.

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 receive and hold a permit to carry a concealed handgun;
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

DEPARTMENT USE ONLY	
The receiving agency acknowledges that on _____ the sum of \$_____ was received in the form of:	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK No. _____	<input type="checkbox"/> MONEY ORDER No. _____
_____ Signature of employee accepting application	_____ Printed or typed name of employee accepting application

ALASKA DEPARTMENT OF PUBLIC SAFETY Division of Statewide Services	NICS-EXEMPT CONCEALED HANDGUN PERMIT SUPPLEMENT Please type or print using black ink	Do not write in this space
The information provided on this form is VOLUNTARY and needed only if you are requesting a "NICS-Exempt" designation on your concealed handgun permit. This completed form must be submitted as a supplement to a new concealed handgun permit application, a renewal application, or an application for a replacement permit.		

Section I.

FIRST NAME	MIDDLE NAME <small>(NMN if no middle name or MIO if initial only)</small>	LAST NAME	SUFFIX <small>(Jr, Sr, II, III)</small>
COUNTRY OF CITIZENSHIP (List/check more than one, if applicable) <input type="checkbox"/> United States of America <input type="checkbox"/> Other (specify):			
If you are not a citizen of the United States, what is your U.S.-issued alien number or admission number?			

Section II.

Answer questions 1 – 11 by checking "yes" or "no" in the boxes to the right of the questions.		
1. Are you under indictment or information in any court for a felony , or any other crime, for which the judge could imprison you for more than one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever been convicted in any court of a felony , or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you a fugitive from justice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you ever been adjudicated mentally defective (<i>which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs</i>) OR have you ever been committed to a mental institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Have you ever been convicted in any court of a misdemeanor crime of domestic violence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you ever renounced your United States citizenship?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Are you an alien illegally in the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Are you an alien admitted to the United States under a nonimmigrant visa?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section IV.

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:

- All statements, answers, and attachments to this form are true and complete; and
- I understand that a permit eligibility investigation will be conducted as part of the NICS-Exempt designation process which may involve computerized records searches and I authorize the investigation.

Full Name of Applicant (clearly printed or typed)

Signature of Applicant Date