

STATE OF ALASKA  
DEPARTMENT OF PUBLIC SAFETY



REPLACEMENT  
of a  
CONCEALED HANDGUN PERMIT

This packet contains:

- General information and instructions
- Photograph specifications and instructions
- Application for replacement of 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](http://www.dps.state.ak.us/Statewide/PermitsLicensing/concealedhandguns.aspx)

## GENERAL INFORMATION

*Retain for your files*

### 1. ALASKA CONCEALED HANDGUN PERMIT REPLACEMENT

You may apply for replacement of your concealed handgun permit if your permit has been lost, stolen or destroyed.

If your permit would have expired within 90 days you may submit an application to renew your concealed handgun permit in lieu of requesting a replacement.

By submitting an application for replacement of 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 are required to list a residence address on the 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, processing time may be reduced if there is a correctable problem on your application and you’ve provided your daytime telephone number.

### 3. PERMIT REPLACEMENT PROCESS

To replace your concealed handgun permit you must apply IN PERSON at an office of the Alaska State Troopers, Alaska Wildlife Troopers, or a municipal police department authorized to accept Alaska concealed handgun permit applications.

Review your application and all required documentation before you submit them. Failure to submit a properly completed application and all required supporting documentation listed in #4 below may delay the processing of your replacement concealed handgun permit.

Your complete application will be processed when it is received in the department’s Permits and Licensing Unit in Anchorage. “Complete” means all applicable questions on the application form are answered in full, the application form is signed and dated, and the required fee and all required supporting documentation listed in #4 below has been submitted.

### 4. THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

- a. **A non-refundable replacement fee of \$25** 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 for replacement of your permit. See the *Photograph Instructions and Specifications* page in this packet for size restrictions and specific information.

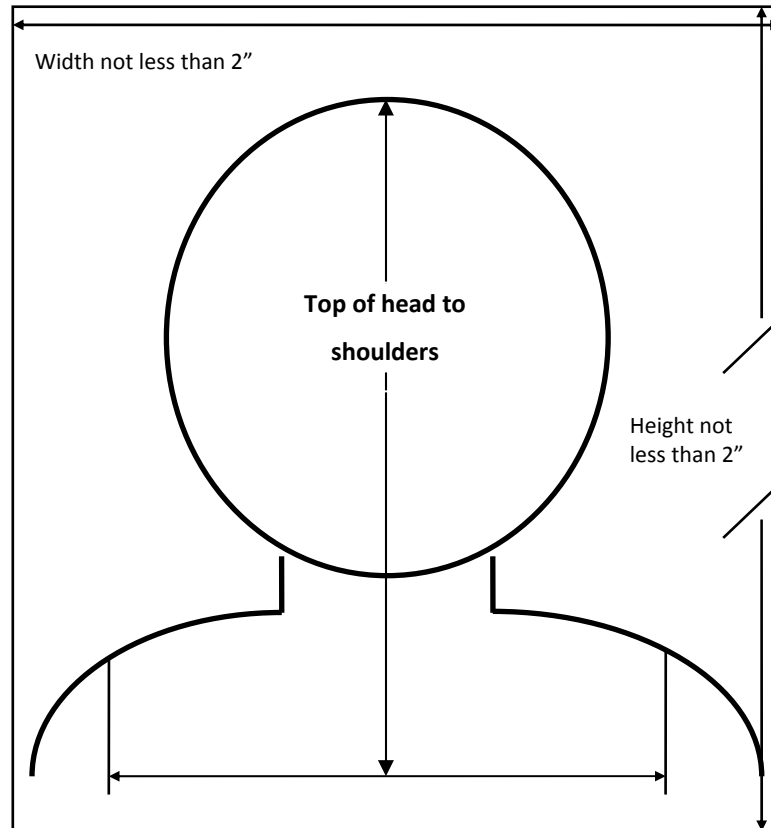
### 5. TERM OF PERMIT

The expiration date of a replacement permit will remain the same as that of the original permit.

# 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.**

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

**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 <small>FT.</small>	HEIGHT <small>IN.</small>	WEIGHT <small>LBS.</small>	HAIR COLOR	EYE COLOR	RACE	GENDER	DAYTIME TELEPHONE NUMBER <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.**

I am applying for a replacement concealed handgun permit because my permit has been:  Lost  Stolen  Destroyed

**Section III.**

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

If you answered "YES," provide an explanation on the back of this application 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 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:**

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"/> <b>CASH</b> <input type="checkbox"/> <b>CHECK No.</b> _____ <b>MONEY ORDER No.</b> _____	
_____ Signature of employee accepting application	_____ Printed or typed name of employee accepting application

ALASKA DEPARTMENT OF PUBLIC SAFETY Division of Statewide Services	<b>NICS-EXEMPT CONCEALED  HANDGUN PERMIT SUPPLEMENT</b> Please type or print using black ink	Do not write in this space
The information provided on this form is <b>VOLUNTARY</b> 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 <b>felony</b> , 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 <b>felony</b> , 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> ) <b>OR</b> 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 <b>dishonorable</b> 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 <b>illegally</b> 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