

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

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.

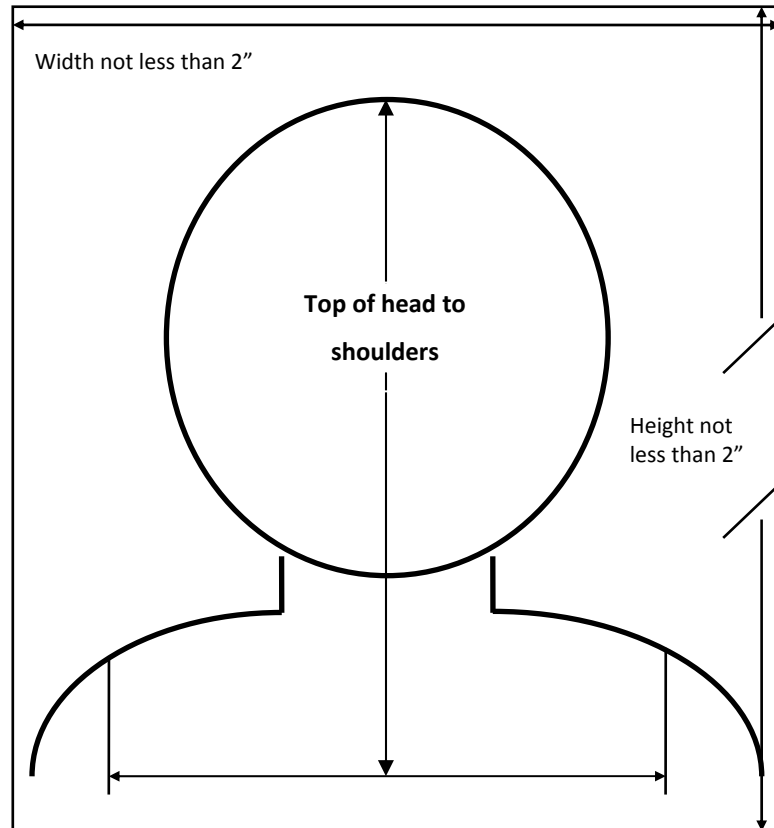
5. TERM OF PERMIT

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.

References and Resources



There are various state and federal laws governing the access and use of criminal justice information

What are the laws?

State Laws, Regulations, and Policies:

- ❖ *AS 12.62.110-120*
- ❖ *AS 12.62.160-170*
- ❖ *AS 12.62.400*
- ❖ *AS 12.62.900*
- ❖ *AS 47.05.300-390*
- ❖ *13 AAC 68*
- ❖ *CSA Security Policy*

Federal Laws, Regulations, and Policies:

- ❖ *25 USC 34 Section 3207*
- ❖ *Pub L. 92-544*
- ❖ *US Department of Justice Order 556-73*
- ❖ *FBI CJIS Security Policy*
(available on the FBI's website:
<https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>)

Department of Public Safety

Criminal History Record Background Checks



Department of Public Safety Criminal Records & Identification Bureau

5700 E Tudor Road
Anchorage, AK 99507
Phone: 907.269.5767
Fax: 907.269.5091

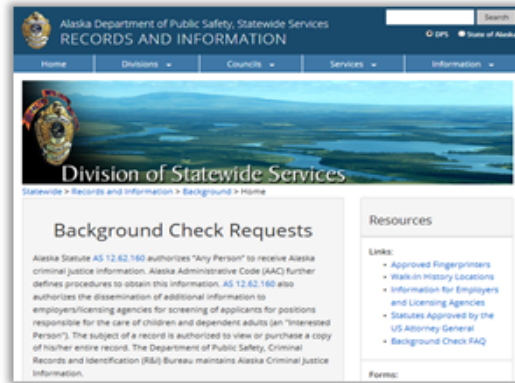
dps.criminal.records@alaska.gov



The Requirements, the Laws, and your Rights

[http://dps.alaska.gov/Statewide /
R-I/background/Home](http://dps.alaska.gov/Statewide/R-I/background/Home)

Criminal History Record Background Checks



<http://dps.alaska.gov/Statewide/R-I/Background/Home>

What is it?

A State Criminal History Record Background Check is a report from the Alaska Public Safety Information Network which is the Alaska criminal history repository managed by the Department of Public Safety.

The repository contains information regarding an individual's adult (18+) criminal arrests and convictions. Criminal is defined as a misdemeanor or felony offense. Infractions or violations, and most juvenile criminal offenses, are not included in the report.

The report will contain convictions, as well as dismissed and not guilty findings.

Who needs one?

Under state and federal laws, a Criminal History Record Background Check is required for any person seeking to be a foster parent, guardianship parent, or adoptive parent. This will also include checks for all household members (16+). The checks are also required for any employees or volunteers working with children and young adults.

How do I get one?

Under state and federal laws, each person is entitled to a copy of their criminal history record, generally for a fee and upon proof of identification.

The federal reports can only be obtained with submission of fingerprints along with the required forms and fees. The Federal Bureau of Investigation (FBI) manages the federal reports.

The state report can be either fingerprint based or name based, based upon proof of identification, and it also requires completion of the required forms and fees. The Department of Public Safety administers the Criminal History Background Check program for Alaska.

How is my information protected?

There are a number of state and federal laws governing the access and use of criminal history records. The information is confidential under state and federal law, and persons found to have misused the information may be subject to criminal investigation.

What if the information is not accurate?

If you believe the information in the report is not accurate or is incomplete, please contact the Criminal Records and Identification Bureau at the Department of Public Safety (online or in person in Anchorage). A Request to Correct Criminal Justice Information form will need to be completed in order for staff to research your record.

Criminal History Records are confidential under state and federal laws and must be securely maintained. You have the right to review your record and to challenge the accuracy of the information contained in the records.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.¹ Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.²
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.³

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

ALASKA DEPARTMENT OF PUBLIC SAFETY Division of Statewide Services	CONCEALED HANDGUN PERMIT REPLACEMENT Please type or print using black ink	Do not write in this space
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.		

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.	WHI	PNK	White	F	<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:

CASH **CHECK No.** _____ **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	<b style="color: red;">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.

<p>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.</p> <p>I HEREBY STATE UNDER PENALTY OF LAW THAT:</p> <ol style="list-style-type: none"> 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