



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 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

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 Records & Identification Bureau

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

dps.criminal.records@alaska.gov



Department of Public Safety

Criminal History Record Background Checks



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 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 FT. IN.	WEIGHT LBS.	HAIR COLOR WHI ▼	EYE COLOR PNK ▼	RACE White ▼	GENDER F ▼	DAYTIME TELEPHONE NUMBER ☐ Home ☐ Work ☐ 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