



TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY

APPLICATION FOR CONCEALED HANDGUN CARRY PERMIT

☐ New ☐ Renewal ☐ Duplicate

Form with fields for Name (Last, First, Middle), Applicant's Driver License #, Any Aliases, Place of Birth, Current Physical Address, City, State, County, Zip Code, Mailing Address, Telephone (Home, Work), Date of Birth, Sex, Race, Height, Weight, Hair Color, Eye Color.

FEES ARE NON-REFUNDABLE

- ☐ I certify that I am twenty-one (21) years of age or older; or I am at least eighteen (18) years of age and an honorably discharged or retired veteran of the United States armed forces; or I am a member of the United States armed forces on active duty status.
☐ I am a United States Citizen or a Lawful Permanent Resident.
☐ I am a resident of Tennessee.

You Must Not Be Prohibited From Purchasing Or Possessing A Handgun In This Or Any Other State.

- ☐ I do not have a Felony conviction and I am not currently under indictment for a felony.
☐ I do not have a Charge pending for Domestic Violence and I have never been convicted of Domestic Violence.
☐ I am not a fugitive from justice.
☐ I have not been discharged from the Armed Forces under dishonorable conditions.
☐ I am not an illegal alien or unlawfully in the United States.
☐ I have not renounced my United States citizenship.
☐ I do not have an Order of Protection or a restraining order filed against me.
☐ I am not an unlawful user of or addicted to alcohol or any controlled substance or controlled substance analogue.
☐ I am not a patient in a rehabilitation program and I have not been hospitalized for alcohol, controlled substance or controlled substance analogue within ten (10) years (if court ordered) or three (3) years (if voluntary).
☐ I have not had two (2) convictions for DUI in ten (10) years, with one (1) of those being within the last five (5) years.
☐ I am not currently under the jurisdiction of the court for a DUI or any other Class A Misdemeanor conviction.
☐ I have never been adjudicated as a mental defective or committed to/or hospitalized in a mental institution.
☐ I have not had a court appoint a conservator for me by reason of mental defect.
☐ I have not been judicially determined to be disabled by reason of mental illness, development disability, or other mental incapacity.
☐ I have not been found by a court to pose an immediate substantial likelihood of serious harm, because of mental illness within seven (7) years from the date of application.
☐ I have not been convicted of stalking and I have no pending charge(s) for stalking.
☐ I am not receiving social security disability benefits by reason of alcohol dependence, drug dependence, or mental disability.
☐ I understand that making any false oral or written statement, or exhibiting any false or misrepresented identification or documentation, with the intent to deceive, is punishable as a felony offense pursuant to the penalties of perjury. (T.C.A. §39-16-702)
☐ I certify that I have read and understand the current state law on carrying handguns.

By signing this form I agree that I meet the eligibility requirements for a Concealed Handgun Carry Permit (T.C.A. §39-17-1366), I understand that I cannot legally carry until I have received my permit, and that I must have my permit in my possession at all times while carrying a handgun.

Applicant's Signature _____ Date _____

Examiner's Signature _____ Station # _____ Date _____