

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR CONCEALED CARRY FIREARM PERMIT



Please Check One:
☐ Initial Application
☐ Renewal Application

A. PERSONAL INFORMATION

1. Full Name Last First Middle				2. Have you ever been known by another name? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, ATTACH IFP-FORM-01 AND COMPLETE SECTION 1)		3. Date of Birth MO / DAY / YEAR	
4. Current Residential Address Street/Rural Route: City: County: State: Zip: Mailing Address (if different from Residential Address) Street/P.O. Box/Route: City: County: State: Zip:						5. DL Number/Social Security Number	
6. Occupation							
7. Height ft. in.	8. Weight	9. Gender	10. Race	11. Hair Color	12. Eye Color	13. Email (Optional)	14. Daytime Contact Number
15. Place of Birth			16. Citizenship (If "Other", complete IFP-FORM-01 SECTION 2) <input type="checkbox"/> United States Citizen <input type="checkbox"/> Other With Lawful Permanent Residence <input type="checkbox"/> Other with Non-Immigrant Visa (meeting exemptions of 18 U.S.C. 922(y)) If "Other", List Other Countries of Citizenship USCIS Alien Registration Number (If applicable)				

B. QUALIFYING QUESTIONS (All questions must be answered and any required alternate forms must be attached or this application may be rejected. Keep copies of all submitted materials for your records.)

1. Are you a current resident of Mississippi? If "Yes", your residential address above should reflect this. If your answer is "NO", do you meet one of these alternate conditions: a) Are you active military personnel stationed in Mississippi or the spouse of an active military member stationed in Mississippi? b) Are you retired law enforcement officer establishing residency in the state? c) Do you possess a valid permit from another state?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you currently twenty-one (21) years of age or older? If "No", are you at least eighteen (18) years of age, a member or veteran of the United States Armed Forces (including National Guard/Reserve) and hold a valid Mississippi Driver's License, Identification Card or valid tribal identification card from a federally-recognized Indian tribe?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you read and completely understand MS Code §45-9-101 ? Code section is available through link here or through a link on the DSB website.		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you currently hold a valid or expired handgun / security guard permit? If "YES", list the State and Permit #:		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever been denied a concealed handgun permit or had a permit suspended or revoked?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are you ineligible to own, possess, or receive a firearm under the provisions of any state or federal law?		<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever been dishonorably discharged from the United States Armed Forces?		<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are you suffering from any physical infirmity which could prevent the safe handling of a firearm?		<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever been convicted of or entered a plea of guilty/nolo contendere to any criminal/felony charge? If "YES", complete IFP-FORM-02.		<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Do you have any criminal charges pending or are you presently on parole or probation for a criminal offense pending trial, appeal, or sentencing for a crime that would prevent you from obtaining a firearm permit or security guard permit? If "YES", complete IFP-FORM-02.		<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you ever received a pardon or expungement for a criminal offense? If "YES", complete IFP-FORM-02.		<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Have you ever been declared mentally incompetent in a court of law? 12a. If "YES" to Question #12, have you received a court order restoring you to capacity and waited at least five (5) years from the date of that court order to make this application? If your answer is "YES", attach a copy of that court order.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
13. Have you been voluntarily or involuntarily committed to a mental institution or mental health treatment facility? If "YES", it is required that you provide a copy of the certificate from a MS-licensed psychiatrist denoting that you have not suffered from this disability for at least five (5) years.		<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Do you chronically or habitually abuse any controlled substance?		<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you ever been voluntarily admitted or involuntarily committed to any treatment facility, institution, or hospital for the abuse of a controlled substance or alcohol?		<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Have you been found guilty of a crime under the provisions of the Uniform Controlled Substances Law or similar laws of any other state or the United States relating to controlled substances within the past three (3) years? If "YES", provide the date of judgement: / /		<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you been convicted of a misdemeanor crime of domestic violence within the meaning of statute 18 U.S.C. § 922 (g)(9) ? It is against federal law for anyone who has been convicted of a misdemeanor crime of domestic violence to possess any firearm or ammunition. If "YES", complete form IFP-Form-03. Also, if your answer is "YES", have you received a pardon, expungement or full restoration of your civil rights?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

C. SPECIAL DESIGNATIONS

1. Are you active duty military? If "YES", attach a copy of your current orders to qualify for license fee exemption.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you retired military? If "YES", attach a copy of your current retired military ID or official documentation of this status.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you a Disabled Veteran? If "YES", attach a copy of your Veteran Health Identification Card (VHIC) issued by the United States Department of Veterans Affairs indicating a service-connected disability.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you a law enforcement officer currently employed with a municipal, county or state law enforcement agency? If "YES", attach two letters on your agency's letterhead stating a) you are employed with the agency and b) you have completed a certified law enforcement training academy (MS Code §45-9-101(5)(c)).	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you a retired law enforcement/corrections officer? If "YES", attach two letters on retiring agency letterhead stating a) you have honorably retired and b) you have completed a certified law enforcement training academy (MS Code §45-9-101(22)(b)).	<input type="checkbox"/> YES <input type="checkbox"/> NO

D. ENHANCED CARRY OPTION (see MS Code § 97-37-7 [here](#))

1. Are you a civilian who is also applying for Enhanced Carry? If "YES", attach a copy of your certificate for completing the qualifying 8 hour instruction.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you a current or former member of an active/reserve branch of the Armed Forces who completed military combat training with pistols or other handguns or formal law enforcement training who is also applying for Enhanced Carry? If "YES", attach the notarized affidavit IFP-AFF-03 in lieu of a certificate.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you a retired law enforcement/corrections officer who completed formal law enforcement training or military combat training with pistols or other handguns who is also applying for Enhanced Carry? If "YES", attach the notarized affidavit IFP-AFF-03 in lieu of a certificate.	<input type="checkbox"/> YES <input type="checkbox"/> NO

E. RESIDENCY - List all of your residences for the past two years in reverse chronological order (most recent first).

From	To	Street Address (include any Apt #)	City	State
MO / DAY / YEAR	-Current-	(Dates Residing At Current Residential Address Listed Above)		
MO / DAY / YEAR	MO / DAY / YEAR			
MO / DAY / YEAR	MO / DAY / YEAR			

A notarized Affidavit and Release of Information form (IFP-AFF-01) as well as all required documentation must be attached or this application will be deemed incomplete and rejected.

This application is executed under oath and a knowingly false answer to any question, or the knowing submission of any false document, subjects you the applicant to criminal prosecution.



INDIVIDUAL FIREARM PERMIT
AFFIDAVIT AND RELEASE OF INFORMATION

I, _____, do swear or affirm that:
(Print Legal Name)

- I desire a legal means to carry a stun gun, concealed pistol or revolver to defend myself.
- I have been provided a copy MS Code §45-9-101 entitled "License to carry stun gun, concealed pistol or revolver; license fees; exemptions; no license required to carry pistol or revolver in purse, briefcase, fully enclosed case, etc" as required, have read and understand this section and meet all required qualifications for applying for a license as defined therein.
- My application is executed under oath and I understand that a knowingly false answer to any question, or the knowing submission of any false document by the applicant, subjects me to criminal prosecution.
- I understand that knowingly submitting a false answer to any question on an application for a license issued pursuant to MS Code §45-9-101, or knowingly submitting a false document when applying for a license issued pursuant to that section is considered a misdemeanor under §99-19-31, Mississippi Code of 1972. I further understand any conviction under §99-19-31 shall be sentenced under the same statute

Further, having made application for a firearm permit to the Mississippi Department of Public Safety and desiring them to be informed of my past record; I the undersigned, being under no disability whatsoever, hereby authorize the Department of Public Safety access to any records concerning commitments of the applicant to any of the treatment facilities or institutions referred to in MS Code §45-9-101 (2) and permitting access to all the applicant's criminal records.

I understand that the Mississippi Department of Public Safety and its representatives, and all contributing parties are indemnified in this process. I further understand that this release will only be used to obtain information for the purpose of determining my eligibility for a Mississippi Concealed Carry Firearm Permit.

Finally, I understand that this release shall be and remain valid from the date of execution until the expiration or revocation of any concealed carry firearm permit issued to me pursuant to this application, or until my application for a concealed carry firearm permit has been denied pursuant to a final judicial decision.

Signature of Applicant
(SIGN IN PRESENCE OF NOTARY)

State of Mississippi

County of _____

Before me this day personally appeared _____, proving to me through identification documents allowed by law to be the person signing this document in my presence (which were _____), and who being duly sworn, deposes and states that the contents of this application are truthful and accurate to the best of their knowledge and belief.

Subscribed and sworn before me on this _____ day of _____, 20____,

Notary Public, State of Mississippi

My Commission Expires _____