

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY

RENEWAL OF MS CONCEALED/ENHANCED CARRY FIREARM PERMIT



A. PERSONAL INFORMATION

1. FULL NAME _____ <i>Last First Middle</i>				2. Have you ever been known by another name? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>IF YES, ATTACH IFP-FORM-01 DOCUMENTING ALL NAMES</small>		3. Date of Birth ____/____/____ <small>MO DAY YEAR</small>	
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. Country of Citizenship (if not U.S., please also complete IFP-FORM-02) <input type="checkbox"/> United States <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

1. Do you currently hold a valid or recently expired (less than six (6) months) handgun permit? If "YES", list the Permit #:	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you re-read MS Code §45-9-101 in its entirety and understand this code section pertaining to concealed carry in MS in order to apply for this renewal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you remain qualified for a permit pursuant to the criteria specified in subsections (2) and (3) of MS Code §45-9-101 as you did on your initial application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: IF YOU ANSWERED "NO" TO ANY OF THESE QUALIFYING QUESTIONS, YOU CANNOT USE THIS FORM FOR RENEWAL; YOU MUST COMPLETE THE FULL APPLICATION FOR CONCEALED CARRY FIREARM PERMIT (FORM IFP-APP-01). FAILURE TO ACKNOWLEDGE CHANGES TO YOUR STATUS MAY BE INTERPRETED AS MAKING A MATERIALLY FALSE STATEMENT.	

C. 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
____/____/____ <small>MO DAY YEAR</small>	Current	Dates Residing At Current Residence Address Listed Above		
____/____/____ <small>MO DAY YEAR</small>	____/____/____ <small>MO DAY YEAR</small>			

A notarized Affidavit and Release of Information form (IFP-AFF-02) 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 RENEWAL AFFIDAVIT AND RELEASE OF INFORMATION

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

- I desire to renew my legal means to carry a stun gun, concealed pistol or revolver to defend myself.
- I have re-read 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".
- I remain qualified pursuant to all the criteria specified in subsections (2) and (3) of MS Code §45-9-101 that I originally met for my initial concealed carry permit.
- My renewal is executed under oath and I understand that a knowingly false representation, omission of any change to my status, or the knowing submission of any false document subjects me to criminal prosecution.

Further, having made application for renewal of 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 reauthorize the Department of Public Safety to access 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 permit access to any and all of my criminal records for validation of my eligibility pursuant to MS Code §45-9-101 (3).

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 to renew 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 renewal request and their original application are still 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 _____