

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?
 Yes 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)

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)
 United States Citizen
 Other With Lawful Permanent Residence
 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? YES NO YES NO
 b) Are you retired law enforcement officer establishing residency in the state? YES NO
 c) Do you possess a valid permit from another state? YES 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? YES 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. YES NO

4. Do you currently hold a valid or expired handgun / security guard permit? If "YES", list the State and Permit #: YES NO

5. Have you ever been denied a concealed handgun permit or had a permit suspended or revoked? YES NO

6. Are you ineligible to own, possess, or receive a firearm under the provisions of any state or federal law? YES NO

7. Have you ever been dishonorably discharged from the United States Armed Forces? YES NO

8. Are you suffering from any physical infirmity which could prevent the safe handling of a firearm? YES 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. YES 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. YES NO

11. Have you ever received a pardon or expungement for a criminal offense? If "YES", complete IFP-FORM-02. YES 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. YES 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. YES NO

14. Do you chronically or habitually abuse any controlled substance? YES 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? YES 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: ____/____/____ YES 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? YES 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. YES NO

2. Are you retired military? If "YES", attach a copy of your current retired military ID or official documentation of this status. YES 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. YES 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)). YES 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)). YES 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. YES 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. YES 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. YES 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
____/____/____ <small>MO DAY YEAR</small>	-Current-	(Dates Residing At Current Residential Address Listed Above)		
____/____/____ <small>MO DAY YEAR</small>	____/____/____ <small>MO DAY YEAR</small>			
____/____/____ <small>MO DAY YEAR</small>	____/____/____ <small>MO DAY YEAR</small>			

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.