

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY

RENEWAL OF MS CONCEALED/ENHANCED CARRY FIREARM PERMIT



A. PERSONAL INFORMATION									
1. FULL NAME _____ <small>Last</small> _____ <small>First</small> _____ <small>Middle</small>					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 <small>Street/Rural Route:</small> _____ <small>City:</small> _____ <small>County:</small> _____ <small>State:</small> _____ <small>Zip:</small> _____ Mailing Address (if different from Residential Address) <small>Street/P.O. Box/Route:</small> _____ <small>City:</small> _____ <small>County:</small> _____ <small>State:</small> _____ <small>Zip:</small> _____							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.