

FILE NUMBER: _____

**APPLICATION FOR CONCEALED HANDGUN PERMIT
COMMONWEALTH OF VIRGINIA
VIRGINIA CODE § 18.2-308**

RESIDENT PERMIT	<input type="checkbox"/>
NONRESIDENT PERMIT	<input type="checkbox"/>
<small>SEE NOTICE 2 PAGE 3</small>	

1. FULL LEGAL NAME (ATTACH A SEPARATE LISTING OF ANY ADDITIONAL NAMES YOU MAY HAVE USED OR BEEN KNOWN BY)			2. DATE OF BIRTH (YOU MUST BE AT LEAST 21 YEARS OF AGE)		
FIRST	MIDDLE	LAST	MONTH	DAY	YEAR
3. RESIDENTIAL ADDRESS (ATTACH A SEPARATE LISTING OF ALL ADDRESSES WITHIN THE LAST 5 YEAR PERIOD)					
STREET OR RURAL ROUTE		CITY	COUNTY	STATE	ZIP
4. MAILING ADDRESS (IF DIFFERENT)			5. SOCIAL SECURITY NUMBER (OPTIONAL) <small>SEE NOTICE 1 ON PAGE 3</small>		
6. PHYSICAL FEATURES					
HEIGHT	WEIGHT	SEX	RACE	HAIR COLOR	EYE COLOR
SCARS, MARKS, TATTOOS, PECULIAR CHARACTERISTICS:					
7. PLACE OF BIRTH (YOU MUST BE A UNITED STATES CITIZEN OR HAVE LAWFUL PERMANENT RESIDENCE IN THE UNITED STATES)			8. TELEPHONE NUMBER		
LOCALITY/STATE/NATION			HOME	WORK	
9. CHECK YES OR NO FOR EACH OF THE FOLLOWING QUESTIONS					
A. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE, WHICH WOULD BE CONSIDERED EITHER A FELONY OR MISDEMEANOR? (INCLUDE CONVICTIONS OF DRIVING UNDER THE INFLUENCE AND/OR ANY OFFENSE FOR WHICH YOU WERE CONVICTED AS A JUVENILE, WHICH WOULD HAVE BEEN A FELONY IF COMMITTED BY AN ADULT.) IF YES, COMPLETE FORM 1 PART B PAGE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO					
B. HAVE YOU BEEN COMMITTED TO THE CUSTODY OF THE COMMISSIONER OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE? IF YES, COMPLETE FORM 2 PART A PAGE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO					
C. HAVE YOU BEEN ADJUDICATED LEGALLY INCOMPETENT OR MENTALLY INCAPACITATED BY A COURT OF VIRGINIA OR ANY OTHER COURT? IF YES, COMPLETE FORM 2 PART B PAGE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO					
D. HAVE YOU BEEN INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION? IF YES, COMPLETE FORM 2 PART C PAGE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO					
E. HAVE YOU RECEIVED MENTAL HEALTH TREATMENT OR SUBSTANCE ABUSE TREATMENT IN A RESIDENTIAL SETTING WITHIN THE FIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
F. ARE YOU SUBJECT TO A RESTRAINING ORDER OR A PROTECTIVE ORDER? IF YES, COMPLETE FORM 3 PAGE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO					
G. ARE YOU ADDICTED TO, OR A USER OR DISTRIBUTOR OF MARIJUANA OR ANY CONTROLLED SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
H. ARE YOU AN ALIEN NOT LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
I. HAVE YOU BEEN DISCHARGED FROM THE ARMED FORCES OF THE UNITED STATES UNDER DISHONORABLE CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
J. ARE YOU A FUGITIVE FROM JUSTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
K. DO YOU HAVE ANY CRIMINAL CHARGE PENDING? IF YES, COMPLETE FORM 1 PART A PAGE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO					
L. HAVE YOU, WITHIN THE THREE-YEAR PERIOD IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION, EITHER 1) BEEN FOUND GUILTY OF ANY DRUG-RELATED CRIMINAL OFFENSE AS SET FORTH IN ARTICLE 1 (§ 18.2-247 ET SEQ.) OF CHAPTER 7 OF TITLE 18.2 OR OF A CRIMINAL OFFENSE FOR THE ILLEGAL POSSESSION OR DISTRIBUTION OF MARIJUANA OR ANY CONTROLLED SUBSTANCE UNDER THE LAWS OF VIRGINIA, ANY OTHER STATE, THE DISTRICT OF COLUMBIA, OR THE UNITED STATES OR ITS TERRITORIES; OR 2) BEEN CHARGED WITH ANY OFFENSE ENUMERATED IN THIS PARAGRAPH AND THE TRIAL COURT FOUND THE FACTS OF THE CASE WERE SUFFICIENT FOR A FINDING OF GUILT AND DISPOSED OF THE CASE PURSUANT TO § 18.2-251 OR SUBSTANTIALITY SIMILAR LAW OF VIRGINIA, ANY OTHER STATE, THE DISTRICT OF COLUMBIA, OR THE UNITED STATES OR ITS TERRITORIES? IF YES, COMPLETE FORM 1 PART A OR B PAGE 2 <input type="checkbox"/> YES <input type="checkbox"/> NO					
10. ATTACH A PHOTOCOPY OF THE DOCUMENTATION THAT DEMONSTRATES YOUR COMPETENCE WITH A HANDGUN.					
11. COMPLETE FINGERPRINT CARDS MAY BE REQUIRED WITH THIS APPLICATION FOR SUBMISSION TO THE CENTRAL CRIMINAL RECORDS EXCHANGE AND TO THE FEDERAL BUREAU OF INVESTIGATION, FOR CRIMINAL HISTORY BACKGROUND CHECKS TO BE CONDUCTED.					

I, THE UNDERSIGNED, AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY ATTACHMENTS TO THIS DOCUMENT IS BOTH CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE WILLFUL MAKING OF A FALSE STATEMENT IN THIS APPLICATION CONSTITUTES PERJURY AND IS PUNISHABLE IN ACCORDANCE WITH § 18.2-434 OF THE CODE OF VIRGINIA.

____ / ____ / ____
MONTH DAY YEAR

APPLICANT'S SIGNATURE

STATE OF _____, CITY COUNTY

TO WIT:

ACKNOWLEDGED, SUBSCRIBED AND SWORN TO BEFORE ME ON

____ / ____ / ____
MONTH DAY YEAR

NOTARY PUBLIC

MY COMMISSION EXPIRES

COURT CLERK:

FORM #1

PART A

DESCRIBE THE CRIMINAL **CHARGE** AGAINST YOU: _____
DATE OF CHARGE: _____ COUNTY, CITY AND STATE OF CHARGE: _____
CURRENT STATUS OF CHARGE: _____

PART B

DESCRIBE THE CHARGE FOR WHICH YOU WERE **CONVICED**: _____
DATE OF CONVICTION: _____ COUNTY, CITY AND STATE OF CONVICTION: _____
TO PROVIDE ADDITIONAL INFORMATION USE A PIECE OF PLAIN PAPER.

FORM #2

PART A

COMMITMENTS TO THE COMMISSIONER OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE:

WHEN WERE YOU COMMITTED TO THE CUSTODY OF THE COMMISSIONER OF MENTAL HEALTH, MENTAL RETARDATION,
AND SUBSTANCE ABUSE? DATE: _____
NAME OF COURT WHICH ENTERED THE ORDER: _____
LOCATION OF COURT: _____
(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

WHEN WERE YOU RELEASED FROM THE CUSTODY OF THE COMMISSIONER OF MENTAL HEALTH, MENTAL
RETARDATION, AND SUBSTANCE ABUSE? DATE: _____

PART B

ADJUDICATION OF LEGAL INCOMPETENCE OR MENTAL INCAPACITATION:

WHEN WERE YOU ADJUDICATED LEGALLY INCOMPETENT OR MENTAL INCAPACITATED? DATE: _____
NAME OF COURT WHICH ENTERED THE ORDER: _____
LOCATION OF THIS COURT: _____
(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

HAS YOUR COMPETENCY OR CAPACITY BEEN RESTORED? _____
NAME OF COURT WHICH ENTERED THE ORDER: _____
DATE OF ORDER: _____

PART C

INVOLUNTARY COMMITMENTS:

WHEN WERE YOU INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION? DATE: _____
NAME OF COURT WHICH ENTERED THE ORDER: _____
LOCATION OF COURT: _____
(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

DATE OF YOUR RELEASE FROM THIS INVOLUNTARY COMMITMENT: _____
NAME AND ADDRESS OF COURT THAT ENTERED THIS ORDER OF RELEASE: _____

(INCLUDE NAME, STREET ADDRESS, CITY, COUNTY AND STATE)

FORM #3

DATE THE RESTRAINING OR PROTECTIVE ORDER WAS ISSUED: _____
NAME OF COURT WHICH ENTERED THE ORDER: _____
LOCATION OF COURT: _____
(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

ATTACH A COPY OF THE RESTRAINING OR PROTECTIVE ORDER TO THIS APPLICATION

NOTICE 1

DISCLOSURE OF SOCIAL SECURITY NUMBER

THIS INFORMATION IS PROVIDED PURSUANT TO THE GOVERNMENT DATA COLLECTION AND DISSEMINATION PRACTICES ACT (SECTION 2.2-3800 ET SEQ). VIRGINIA CODE SECTION 2.2-3800 (C) (10) PROVIDES THAT AN AGENCY SHALL NOT COLLECT PERSONAL INFORMATION EXCEPT AS EXPLICITLY OR IMPLICITLY AUTHORIZED BY LAW. PURSUANT TO VIRGINIA CODE SECTION 2.2-3803 (A), IT IS UNLAWFUL FOR AN AGENCY TO REQUIRE AN INDIVIDUAL TO DISCLOSE OR FURNISH HIS SOCIAL SECURITY NUMBER FOR ANY PURPOSE IN CONNECTION WITH ANY ACTIVITY, OR TO REFUSE ANY SERVICE, PRIVILEGE OR RIGHT TO AN INDIVIDUAL WHOLLY OR PARTLY BECAUSE THE INDIVIDUAL DOES NOT DISCLOSE SUCH NUMBER, UNLESS THE DISCLOSURE OR FURNISHING OF SUCH NUMBER IS SPECIFICALLY REQUIRED BY FEDERAL OR STATE LAW. THE CLERK OF COURT MAY WITHHOLD FROM PUBLIC DISCLOSURE THE SOCIAL SECURITY NUMBER CONTAINED IN A PERMIT APPLICATION IN RESPONSE TO A REQUEST TO INSPECT OR COPY ANY SUCH APPLICATION EXCEPT THAT THE SOCIAL SECURITY NUMBER SHALL NOT BE WITHHELD FROM ANY LAW-ENFORCEMENT OFFICER ACTING IN THE PERFORMANCE OF HIS OFFICIAL DUTIES. THE SOCIAL SECURITY NUMBER IS NOT MADE PART OF ANY PUBLIC RECORD BY THE DEPARTMENT OF STATE POLICE.

NOTICE 2

WHERE TO APPLY

COMPLETE AND NOTARIZED APPLICATIONS FOR RESIDENT PERMITS SHALL BE FORWARDED TO THE CIRCUIT COURT OF THE COUNTY OR CITY IN WHICH THE APPLICANT RESIDES. THE APPLICANT SHOULD CONSULT WITH THE COURT AUTHORITIES FOR INSTRUCTION AND GUIDANCE SPECIFIC TO THEIR APPLICATION.

COMPLETE AND NOTARIZED APPLICATIONS FOR NONRESIDENT PERMITS SHALL BE FORWARDED TO THE VIRGINIA STATE POLICE, FIREARMS TRANSACTION CENTER, POST OFFICE BOX 85608, RICHMOND, VIRGINIA, 23285-5608, ALONG WITH OTHER DOCUMENTATION AS AUTHORIZED BY STATUTE. SPECIFIC APPLICATION INFORMATION AND INSTRUCTION IS PROVIDED AT THE VIRGINIA STATE POLICE WEB SITE, WWW.VIRGINIATROOPER.ORG/, OR TELEPHONE (804) 674-2675.

NOTICE 3

IF YOUR APPLICATION IS DENIED

VIRGINIA RESIDENT APPLICANTS: ANY PERSON DENIED A PERMIT TO CARRY A CONCEALED HANDGUN MAY PRESENT A PETITION FOR REVIEW TO THE COURT OF APPEALS. THE PETITION FOR REVIEW SHALL BE FILED WITHIN 60 DAYS OF THE EXPIRATION OF THE TIME FOR REQUESTING AN ORE TENUS HEARING PURSUANT TO SUBSECTION I OF SECTION 18.2-308, OR IF AN ORE TENUS HEARING IS REQUESTED, WITHIN 60 DAYS OF THE ENTRY OF THE FINAL ORDER OF THE CIRCUIT COURT FOLLOWING THE HEARING. THE PETITION SHALL BE ACCOMPANIED BY A COPY OF THE ORIGINAL PAPERS FILED IN THE CIRCUIT COURT, INCLUDING A COPY OF THE ORDER OF THE CIRCUIT COURT DENYING THE PERMIT. SUBJECT TO THE PROVISIONS OF SECTION [17.1-410](#) B, THE DECISION OF THE COURT OF APPEALS OR JUDGE SHALL BE FINAL. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, IF THE DECISION TO DENY THE PERMIT IS REVERSED UPON APPEAL, TAXABLE COSTS INCURRED BY THE PERSON SHALL BE PAID BY THE COMMONWEALTH.

NONRESIDENT APPLICANTS: YOU MAY CONTACT THE VIRGINIA STATE POLICE, FIREARMS TRANSACTION CENTER (FTC), TO DISCUSS THE INELIGIBLE DETERMINATION AND/OR TO PROVIDE ADDITIONAL INFORMATION DEEMED PERTINENT TO THE FINAL DETERMINATION OF ELIGIBILITY AT (804) 674-2675, OR WRITE TO THE FTC AT POST OFFICE BOX 85608, RICHMOND, VIRGINIA 23285-5608, OR EMAIL FIREARMS@VSP.STATE.VA.US.

NOTICE 4

USE OF DEADLY OR LETHAL FORCE

FOR THE PURPOSES OF UNDERSTANDING THE LAW RELATING TO THE USE OF DEADLY AND LETHAL FORCE, PLEASE REFERENCE THE VIRGINIA SUPREME COURT WEBSITE AT [HTTP://WWW.COURTS.STATE.VA.US/SCV/HOME.HTML](http://WWW.COURTS.STATE.VA.US/SCV/HOME.HTML).

CRIMINAL BACKGROUND INVESTIGATION

(THIS SPACE FOR LAW ENFORCEMENT AGENCY ONLY)

YES

NO

PENDING CHARGES

CONVICTIONS

IF YES, SEE ATTACHMENT(S)

___ / ___ / ___
MONTH DAY YEAR

_____, **OFFICER**

(THIS SPACE FOR COURT USE ONLY)

RESIDENT PERMIT FILE NO. _____

CIRCUIT COURT _____

APPLICATION OF _____

ON _____ **FOR A VIRGINIA RESIDENT CONCEALED HANDGUN PERMIT IS HEREBY:**
(DATE)

GRANTED

DENIED (SEE EXPLANATION BELOW)

THE PERMIT APPLICATION IS DENIED ON THE BASIS OF THE FOLLOWING:

YOU ARE ENTITLED TO AN ORAL HEARING BEFORE THIS COURT. THE REQUEST FOR A HEARING MUST BE FILED WITH THIS COURT WITHIN TWENTY-ONE DAYS OF DENIAL OF YOUR APPLICATION. SEE NOTICE 3 PAGE 3

___ / ___ / ___
MONTH DAY YEAR

_____, **JUDGE OR DESIGNEE**

(THIS SPACE FOR STATE POLICE USE ONLY)

NONRESIDENT PERMIT FILE NO. _____

APPLICATION OF _____

FOR A VIRGINIA NONRESIDENT CONCEALED HANDGUN PERMIT IS HEREBY:

GRANTED

DENIED (SEE EXPLANATION BELOW)

SEE NOTICE 3 PAGE 3

___ / ___ / ___
MONTH DAY YEAR

_____, **SUPERINTENDENT
OR DESIGNEE**