

Concealed Pistol License Application

OFFICIAL USE ONLY

Approval/Issue Date:
Expiration Date:
Local Dept. Notified:

PLEASE TYPE OR PRINT CLEARLY

1. Full Legal Name		2. Date of Birth	
3. Previous Names/Alias, if applicable			
4. Social Security Number		5. Driver License Number or State ID Number	
6. Physical Description	Race	Gender	Height
	Weight	Eye Color	Hair Color
7. Residential Address		8. Mailing Address (if different)	
9. Daytime Telephone Number		10. Name of Police Department in the City, Village, or Township of Residence, if applicable	
11. Type of License		<input type="checkbox"/> Temporary - Reason for Temporary License	
<input type="checkbox"/> New		<input type="checkbox"/> Renewal	
		Expiration Date	
		Issue Date	
		County of Issuance	
12. Check Yes or No for each of the following questions.			
a. Have you been convicted of a felony or have a charge pending in this state or elsewhere?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you been convicted of ANY misdemeanor in the last three years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you been convicted of any of the misdemeanors listed on the CCW Information Sheet in the last eight years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Have you been found guilty but mentally ill of any crime, or offered a plea of not guilty, or acquitted of any crime by reason of insanity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Have you ever been subject to an order of involuntary commitment in an inpatient or outpatient setting due to a mental illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Do you have a diagnosed mental illness at the time the application is made, regardless of whether you are receiving treatment for that illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are you under a court order of legal incapacity in this state or elsewhere?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Have you ever been dishonorably discharged from the U.S. Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Have you completed the training required for a Concealed Pistol License? (Documentation must be submitted with the application.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are you a peace officer or former peace officer who held a general nonrestricted CCW license on July 1, 2001?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Please provide the names, addresses, and telephone numbers of two references.			
<u>Reference 1</u>		<u>Reference 2</u>	
Name		Name	
Residential Address		Residential Address	
City	Telephone Number	City	Telephone Number
14. Read the following statements and, if you agree, sign below at the time of submission with the clerk.			
◆ I have read the information provided on carrying a concealed pistol and meet all of the criteria for a Concealed Pistol License under Public Act 381 of 2000.			
◆ I give authority to the Concealed Weapons Licensing Board to access any record pertaining to my qualifications under this Act.			
◆ I give authority to the Concealed Weapons Licensing Board to access any mental health records. (I understand I may request any finding be reviewed by the board in a closed session, at which my attorney and I may be present.)			
◆ I understand that this application is executed under oath and swear or affirm under penalty of law that the above answers are true and correct to the best of my knowledge. I understand that intentionally making a false statement on the application is a felony punishable by imprisonment for not more than 4 years or a fine of not more than \$2,500, or both.			
◆ I have been provided with a copy of the Compilation of the Firearms Law of the State of Michigan.			
Applicant's Signature (Must be signed in the presence of county clerk or representative)			Date
Witness (County clerk or representative)			Date

Return completed unsigned form, passport-quality photograph, and documentation of required training to the county clerk's office.

AUTHORITY: 2000 PA 381
COMPLIANCE: Voluntary
PENALTY: Non-Issuance