



**BEFORE SUBMITTING YOUR APPLICATION HAVE THE FOLLOWING CHECKLIST COMPLETED**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**NEW APPLICATIONS:**

- A VALID NEW MEXICO DRIVER'S LICENSE OR IDENTIFICATION CARD  
CURRENT 2-PAGE APPLICATION, SIGNED AND DATED
- SIGNED HEALTH INFORMATION AUTHORIZATION FORM
- SIGNED AND NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION FORM  
PHOTOCOPY OF BIRTH CERTIFICATE OR OTHER REQUIRED LEGAL DOCUMENTS
- TRAINING CERTIFICATE
- ELECTRONIC** FINGERPRINT RECEIPT WITH CCU ORI LISTED
- \$56 FEE**, PAYMENT MADE PAYABLE TO **NMDPS**

**RENEWAL APPLICATION**

- CURRENT 2-PAGE APPLICATION, SIGNED AND DATED
- A VALID NEW MEXICO DRIVER'S LICENSE OR IDENTIFICATION CARD
- TRAINING CERTIFICATE
- ELECTRONIC** FINGERPRINT RECEIPT WITH CCU ORI LISTED
- IF YOU HAVE HAD ELECTRONIC FINGERPRINTS DONE BY COGENT FOR A PAST APPLICATION **YOUR FEE WILL BE \$75 TO NMDPS.**

**2 HR REFRESHER TRAINING**

- 2 HR TRAINING CERTIFICATE  
**\*THERE IS NO FEE\***

**ACTIVE DUTY AND VETERANS HONORABLY DISCHARGED WITHIN THE LAST 20 YEARS:**

- CURRENT 2-PAGE APPLICATION, SIGNED AND DATED
- A VALID NEW MEXICO DRIVER'S LICENSE **OR** ORDERS OF PERMANENT DUTY STATION IN NEW MEXICO AND OUT OF STATE DRIVER'S LICENSE
- PASSPORT PHOTOS IF YOU **DO NOT** HAVE A NM DRIVER'S LICENSE  
PHOTOCOPY OF BIRTH CERTIFICATE OR OTHER REQUIRED LEGAL DOCUMENTS SIGNED HEALTH INFORMATION AUTHORIZATION FORM
- SIGNED AND NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION FORM  
COPY OF ACTIVE DUTY MILITARY ID **OR** DD FORM 214 (Member 4) OR OTHER DOCUMENTS APPROVED BY DEPT
- ELECTRONIC** FINGERPRINT RECEIPT WITH CCU ORI LISTED

**MILITARY VETERANS HONORABLY DISCHARGED MORE THAN 20 YEARS:**

- CURRENT 2-PAGE APPLICATION, SIGNED AND DATED
- A VALID NEW MEXICO DRIVER'S LICENSE OR IDENTIFICATION CARD  
PHOTOCOPY OF BIRTH CERTIFICATE OR OTHER REQUIRED LEGAL  
DOCUMENTS
- COPY OF DD FORM 214 (Member 4) OR OTHER DOCUMENTS APPROVED BY  
DEPT
- SIGNED HEALTH INFORMATION AUTHORIZATION FORM
- SIGNED AND NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION FORM
- ELECTRONIC** FINGERPRINT RECEIPT WITH CCU ORI LISTED
- TRAINING CERTIFICATE

**APPLICATIONS FOR LAW ENFORCEMENT OR MOUNTED PATROL:**

- CURRENT 2-PAGE APPLICATION, SIGNED AND DATED
- A VALID NEW MEXICO DRIVER'S LICENSE OR IDENTIFICATION CARD
- PHOTOCOPY OF BIRTH CERTIFICATE OR OTHER REQUIRED LEGAL  
DOCUMENTS
- SIGNED HEALTH INFORMATION AUTHORIZATION FORM
- SIGNED AND NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION FORM
- COPY OF LATEST FIREARM QUALIFICATION SCORE WITH AGENCY
- LETTER FROM AGENCY HEAD VERIFYING APPLICANT IS IN GOOD  
STANDING
- COPY OF LAW ENFORCEMENT CERTIFICATION AND NUMBER
- ELECTRONIC** FINGERPRINT RECEIPT WITH ORI LISTED

**APPLICATIONS FOR RETIRED LAW ENFORCEMENT:**

- CURRENT 2-PAGE APPLICATION, SIGNED AND DATED
- A VALID NEW MEXICO DRIVER'S LICENSE OR IDENTIFICATION CARD
- PHOTOCOPY OF BIRTH CERTIFICATE OR OTHER REQUIRED LEGAL  
DOCUMENTS
- SIGNED HEALTH INFORMATION AUTHORIZATION FORM
- SIGNED AND NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION FORM
- COPY OF LATEST FIREARM QUALIFICATION SCORE WITH AGENCY
  - **\*\*RETIREMENT OVER 10 YEARS REQUIRED TO COMPLETE A  
FIREARMS TRAINING COURSE\*\***
- LETTER FROM AGENCY VERIFYING EMPLOYMENT, INDICATION OF  
RETIREMENT IN GOOD STANDING, AND EFFECTIVE DATE OF RETIREMENT
- COPY OF LAW ENFORCEMENT CERTIFICATION AND NUMBER
- ELECTRONIC** FINGERPRINT RECEIPT WITH CCU ORI LISTED

**APPLICATION FOR CONCEALED HANDGUN INSTRUCTOR PERMIT**

- CURRENT 2-PAGE APPLICATION, SIGNED AND DATED
- A VALID NEW MEXICO DRIVER'S LICENSE OR IDENTIFICATION CARD
- SIGNED HEALTH INFORMATION AUTHORIZATION FORM
- SIGNED AND NOTARIZED AUTHORIZATION FOR RELEASE OF INFORMATION FORM
- PHOTOCOPY OF BIRTH CERTIFICATE OR OTHER REQUIRED LEGAL DOCUMENTS
- AFFIDAVIT OR COVER PAGE OF FIREARMS INSTRUCTION INSURANCE POLICY
- ELECTRONIC** FINGERPRINT RECEIPT WITH CCU ORI LISTED
- CURRICULUM AND COURSE MATERIALS
- RESUME OF EXPERIENCE INSTRUCTING FIREARMS TRAINING COURSES/  
HANDGUN EXPERIENCE
- DESCRIPTION OF EXPERIENCE IN OFFERING FIREARMS TRAINING (IF ANY)

**APPLICANTS ARE REQUIRED TO HAVE ELECTRONIC  
FINGERPRINTS ON FILE**

**Applications may be mailed to:**

**NM Department of Public Safety  
Concealed Carry Unit  
6301 Indian School Rd NE Suite 310  
Albuquerque, NM 87110**

## **APPLICATION INSTRUCTIONS**

For a complete outline of eligibility requirements, refer to the New Mexico Concealed Handgun Carry Act of 2003 (as amended in 2005, 2010, 2015, and 2016) Section 29-1-1 through 14, NMSA 1978 and NMAC 10.8.2 included in this packet. Personal check, cashier's check, or money order should be made payable to New Mexico Department of Public Safety (NMDPS). Credit/Debit cards are also accepted in person at our office in Albuquerque.

\*\*If you are applying for both a New Mexico Concealed Handgun License and Concealed Carry Weapon Instructor Permit, you will need to submit separate applications indicating one for each purpose. Check the appropriate box(es) at the top of the application. There is NO APPLICATION FEE if you are applying for a Concealed Carry Weapon Instructor Permit. Fingerprints are required. \*\*

Applications may be mailed to: NM Department of Public Safety  
Concealed Carry Unit  
6301 Indian School Rd NE Suite 310  
Albuquerque, NM 87110

### **Include the following for NEW applications:**

- Complete 2-Page application
- \$56 fee (Check, Money Order, or Credit/Debit in person only)
- Photocopy of New Mexico Driver's license or Identification Card
- **Photocopy** of birth certificate or naturalization certificate
- Certificate of completion of firearmstraining
- Release of Health Information form
- Authorization of Release of Information form
- Electronic fingerprint receipt (\$44 fee paid) WITH CCU ORI LISTED

### **Include the following for RENEWAL applications:**

- Complete 2-Page application
- \$75 fee if you have already been fingerprinted using Cogent
  - \$31 fee if you are using Cogent fingerprint services for the first time and Cogent fingerprint receipt (\$44 fee paid for electronic fingerprints)
- Photocopy of New Mexico Driver's License or Identification Card
- Certificate of completion of firearmstraining

Incomplete applications will not be processed. Your fee will be deposited, and you must meet the guidelines set forth in NMAC 10.8.2.11(C). Fees are non-refundable (29-19-5(B)(2) NMSA1978) If the fingerprints are not accepted by the FBI for comparison purposes, processing of your applications may be significantly delayed, and you may be required to submit another set. You will be notified by the Concealed Carry Unit if you need to submit photos. You may request to have original documents returned to you Submit this request along with a self-addressed, stamped envelope. In addition to above documents, instructor applicants must submit the curriculum he or she intends to teach and have documentation showing the following:

- New Mexico Department of Public Safety Firearms Instructor Certification
- NRA Police Firearms Instructor Development School
- NRA Pistol Instructor Rating (IPA)
- Other firearms instructor training deemed acceptable by the Department

Under circumstances, some applicants may be requested to assist the Department of Public Safety in obtaining criminal history background information for disposition of charges. If assistance is necessary, the Concealed Carry Unit will notify the applicant.

Additional information and updates pertaining to NM Concealed Carry are available on the NMDPS website: <http://www.dps.nm.gov>. Check this website periodically for new and updated forms and information on recognition and reciprocity.

# New Mexico Department of Public Safety

## CONCEALED HANDGUN LICENSE / CONCEALED CARRY HANDGUN INSTRUCTOR APPROVAL APPLICATION

Read “**APPLICATION INSTRUCTIONS**” prior to completing this application. **TYPE** or **PRINT LEGIBLY IN INK**. Your application **WILL NOT** be processed unless/until all applicable questions have been answered on page 2 and all required documents have been submitted.

**Be sure to include:** Cogent fingerprint receipt, authorization to obtain health information form, authorization for release of information form, a photocopy of your birth certificate or naturalization certificate, a current certificate of firearms training, a photocopy of your New Mexico driver’s license or identification card, and payment in the form of personal check, cashier’s check, money order, or credit card for the appropriate amount.

### FEES ARE NON-REFUNDABLE

<input type="checkbox"/> New License Application		<input type="checkbox"/> Training Instructor Application		<input type="checkbox"/> Renewal Application	
<input type="checkbox"/> Current Law Enforcement		<input type="checkbox"/> Mounted Patrol		<input type="checkbox"/> Retired Law Enforcement	
<input type="checkbox"/> Military Veteran Application		<input type="checkbox"/> Active Military Application		<input type="checkbox"/> Other: _____	
Social Security Number:		Date of Birth (mm-dd-yyyy)		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Last Name:		First Name:		Middle Name:	
County of Residency:	NM Driver’s License:	NM Driver’s License Issue date:	Height:	Weight:	Eye Color:
Place of Birth:	City of Birth:		State of Birth:	Country of Birth other than USA:	
Mailing Address:			City:	State:	Zip Code:
Physical Address: (if different than above)			City:	State:	Zip Code:
How long have you lived at the above address		Home Phone:		Business Phone:	
Years	Months	Email:			

**FOR OFFICE USE ONLY:**

Form of Payment:     Money Order     Cashier’s Check     Personal Check     Credit Card

The Department of Public Safety acknowledges that on \_\_\_\_\_ the sum of \$ \_\_\_\_\_ was received by:

\_\_\_\_\_  
Signature of employee accepting application

\_\_\_\_\_  
Printed / typed name of employee accepting application

Instructions to Department Employee or approved person receiving the application: Use the check list below to mark off the required documents included in this packet prior to forwarding packet to the Concealed Carry Unit.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> 2-page application      | <input type="checkbox"/> Photocopy of NM DL or ID | <input type="checkbox"/> (2) Release Forms                    | <input type="checkbox"/> Letter From Agency |
| <input type="checkbox"/> \$56.00 Application Fee | <input type="checkbox"/> Birth Certificate        | <input type="checkbox"/> Fingerprint Receipt                  |   |
| <input type="checkbox"/> \$75.00 Renewal Fee     | <input type="checkbox"/> Training Certificate     | <input type="checkbox"/> Law Enforcement certification number |   |

**ALL APPLICANTS CHECK "YES" or "NO" TO THE QUESTIONS BELOW**

**YES NO**

1. Are you a citizen of the United States?	<input type="radio"/>	<input type="radio"/>
2. Are you a resident of New Mexico or a member of the armed forces whose permanent duty station is located in New Mexico or a dependent of such a member?	<input type="radio"/>	<input type="radio"/>
3. Are you 21 years of age or older?	<input type="radio"/>	<input type="radio"/>
4. Have you satisfactorily completed a DPS –Approved Firearms Safety Training Program or Renewal Training Program?	<input type="radio"/>	<input type="radio"/>
5. Have you been convicted of a felony in New Mexico or any other state or pursuant to the laws of the United States or any other jurisdiction?	<input type="radio"/>	<input type="radio"/>
6. Are you currently under indictment for a felony criminal offense in New Mexico or any other state or pursuant to the laws of the United States or any other jurisdiction?	<input type="radio"/>	<input type="radio"/>
7. Are you otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing a firearm?	<input type="radio"/>	<input type="radio"/>
8. Have you been adjudicated incompetent or committed to a mental institution?	<input type="radio"/>	<input type="radio"/>
9. Are you an unlawful user of, or addicted to any controlled substances and/or alcohol?	<input type="radio"/>	<input type="radio"/>
10. Have you received a conditional discharge, a diversion or a deferment, or been convicted of, pled guilty to or entered a plea of nolo contendere to a misdemeanor offense involving a crime of violence within the last 10 years?	<input type="radio"/>	<input type="radio"/>
11. Have you, within five years immediately preceding this application, been convicted of a misdemeanor offense involving driving while under the influence of intoxicating liquor or drugs?	<input type="radio"/>	<input type="radio"/>
12. Have you been convicted of a misdemeanor offense involving the possession or abuse of a controlled substance within the last 10 years immediately preceding this application?	<input type="radio"/>	<input type="radio"/>
13. Have you been convicted of a misdemeanor offense involving assault, battery or battery against a household member?	<input type="radio"/>	<input type="radio"/>
14. Since the age of 18, have you been arrested for any reason?	<input type="radio"/>	<input type="radio"/>
15. Are you a fugitive from justice?	<input type="radio"/>	<input type="radio"/>
16. Are you an alien who is residing in the United States illegally or a former citizen of the United States who has renounced citizenship?	<input type="radio"/>	<input type="radio"/>
17. <b>***INSTRUCTOR APPLICANTS ONLY***</b> Do you meet ALL training instructor criteria required under NMAC 10.8.2.22? <b>(If yes, include all proper documentation).</b>	<input type="radio"/>	<input type="radio"/>

**WARNING:** Submission of a false answer to any question or submission of a materially false document will result in the denial of the application and may result in criminal prosecution for perjury (NMSA 30-25-1). Tampering with public records may result in criminal prosecution under NMSA 30-26-1.

**I HEREBY STATE UNDER PENALTY OF LAW THAT:**

1. I have read the New Mexico Concealed Handgun Carry Act of 2003 and qualify to apply for a concealed handgun license;
2. I have been furnished with a copy of the state laws relating to concealed handguns and have read and understand them;
3. I want a permit to carry a concealed handgun for lawful purposes, which may include self-defense;
4. The information in this application and any documents submitted in this application is true, correct and complete to the best of my knowledge and belief; and
5. I understand a license eligibility investigation will be conducted as a part of the application process; this may involve, but is not limited to, computerized record searches/criminal history searches and I authorize the investigation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant Full Name (Print Clearly or Type)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
NAME (MUST BE PRINTED LEGIBLY OR TYPED) (SSN) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamph. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

**NEW MEXICO DEPARTMENT OF PUBLIC SAFETY CONCEALED CARRY UNIT**

NAME (MUST BE PRINTED LEGIBLY OR TYPED) (IF NO AGENT, PRINT "SELF")

ADDRESS: **6301 INDIAN SCHOOL RD NE #310 ALBUQUERQUE, NM 87110**

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SIGNED OR ATTESTED BEFORE ME ON \_\_\_\_\_ BY \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

(NOTARY SEAL)

\_\_\_\_\_  
PRINTED NAME

MY COMMISSION EXPIRES: \_\_\_\_\_

NEW MEXICO DEPARTMENT OF PUBLIC SAFETY  
AUTHORIZATION TO OBTAIN HEALTH INFORMATION

This authorization allows the New Mexico Department of Public Safety (DPS) to obtain confidential health information about you. The authorization may be revoked by you. It will remain in effect indefinitely solely for purposes of obtaining information regarding your Concealed Handgun Carry Act application or permit. You are entitled to a copy of the completed authorization. There may be fees charged for any copying associated with this request. If you are a person with a disability and you require this authorization in an alternative format or require a special accommodation to complete this form, you may request assistance from staff at any DPS location.

Applicant Name Printed (First, Middle, Last)

1. I authorize the Department of Public Safety to obtain health information as described below.
2. I understand that any information disclosed by any provider of any kind may include information about behavioral or mental health services, and treatment for alcohol or drug/substance abuse and information obtained by the New Mexico Department of Public Safety from any other provider specifically related to the statutory purposes set out in the Concealed Handgun Carry Act at Section 29-19-1 to 29-19-13, NMSA 1978.
3. This authorization applies to any health information from any provider or any source relating to the stated purposes.
4. The health information will specifically be related to (a) adjudication of mental incompetence or any commitment to a mental institution; (b) any addiction to alcohol or controlled substances.
5. This health information shall be utilized in order to assess compliance with the purposes of the Concealed Handgun Carry Act.

STATEMENT OF UNDERSTANDING:

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to the New Mexico Department of Public Safety. I understand that the revocation will not apply to information that has already been obtained pursuant to this authorization. I understand that unless I revoke this authorization as stated above, this authorization will continue in full force and effect. I understand that authorizing the disclosure of this health information is voluntary. I further understand that revoking this authorization may have consequences regarding my application for a concealed handgun carry permit, or my ability to continue carrying a concealed handgun if I have already been issued a concealed handgun carry permit.

SIGNATURES

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date