

FOLLOW THE CHECKLIST BELOW FOR YOUR APPROPRIATE CATEGORY BEFORE SUBMITTING YOUR APPLICATION TO THE DEPARTMENT

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Documents needed for Civilian

(New/	Initial	An	nlica	tion)
٦	11011	1111111111	7 7 1	piica	uon

- □ 2-Page Application
- □ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18)
- □ Authorization for Release of Information complete with NOTARY
- ☐ Copy of valid New Mexico Driver's License or Identification Card
- □ Copy of Birth Certificate or other required legal documents (not required if NMDL is a Real ID)
- ☐ Training Certificate w/ DPS-Approved Instructor
- ☐ Gemalto Fingerprint Receipt (ORI NM920200Z \$44)
- □ \$56 fee made payable to NMDPS CCU

(Renewal Application)

- □ 2-Page Application
- □ Copy of valid New Mexico Driver's License or Identification Card
- ☐ Training Certificate w/ DPS-Approved Instructor
- □ \$75 fee made payable to **NMDPS CCU**

Documents needed for Active Military

(New/ Initial Application)

- □ 2-Page Application
- □ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18)
- □ Authorization for Release of Information complete with NOTARY
- □ Photocopy of valid Driver's License or Identification Card
- One (1) passport photo if your Driver's License is not issued in New Mexico
- □ Copy of Birth Certificate or other required legal documents (not required if NMDL is a Real ID)
- □ Copy of Military ID and PCS (Permanent Change of Station) Orders
- ☐ Gemalto Fingerprint Receipt (ORI NM920272Z \$12.00)

(Renewal Application)

- □ 2-Page Application
- ☐ Photocopy of valid Driver's License or Identification Card
- □ Copy of Military ID or PCS (Permanent Change of Station) Orders

Documents needed for Retired Military/ Military Veteran

(New/ Initial Application)

- □ 2-Page Application
- □ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18)
- □ Authorization for Release of Information complete with NOTARY
- □ Copy of valid Driver's License or Identification Card
- □ Copy of Birth Certificate or other required legal documents (not required if NMDL is a Real ID)
- DD-214 with character of discharge (must have Honorable Discharge)
 - Other acceptable forms: Letter from the VA stating honorable discharge or retirement card
- ☐ Training Certificate w/ DPS-Approved Instructor *if outside of 20 years of separation
- ☐ Gemalto Fingerprint Receipt (ORI NM920272Z \$12.00)

(Renewal Application)

- □ 2-Page Application
- ☐ Copy of valid Driver's License or Identification Card
- □ DD-214 with character of discharge (must have Honorable Discharge)
- ☐ Training Certificate w/ DPS-Approved Instructor *if outside of 20 years of separation

Documents needed for Active Law Enforcement Officer (New/ Initial Application) □ 2-Page Application □ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18) Authorization for Release of Information complete with NOTARY □ Photocopy of valid Driver's License or Identification Card (not required if NMDL is a Real ID) Photocopy of Birth Certificate or other required legal documents Agency ID П Certification Number □ Letter of Good Standing □ Copy of last qualification Gemalto Fingerprint Receipt (ORI NM920272Z \$12.00) (Renewal Application) □ 2-Page Application ☐ Photocopy of valid Driver's License or Identification Card □ Agency ID □ Certification Number □ Letter of Good Standing ☐ Copy of last qualification Documents needed for Retired Law Enforcement Officer (New/ Initial Application) (must have completed a minimum of 15 years as LEO or retired due to job related disability) □ 2-Page Application □ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18) □ Authorization for Release of Information complete with NOTARY □ Copy of valid Driver's License or Identification Card (not required if NMDL is a Real ID) □ Copy of Birth Certificate or other required legal documents Letter of Good Standing with Agency ID and Certification Number Copy of last qualification or Training Certificate w/ DPS-Approved Instructor *if outside of 10 years of retirement ☐ Gemalto Fingerprint Receipt (ORI NM920272Z \$12.00) (Renewal Application) (must have completed a minimum of 15 years as LEO or retired due to job related disability) □ 2-Page Application ☐ Copy of valid Driver's License or Identification Card □ Agency ID □ Certification Number □ Letter of Good Standing Copy of last qualification or Training Certificate w/ DPS-Approved Instructor *if outside of 10 years of retirement Documents needed for Instructor □ 2-Page Application Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18) Authorization for Release of Information complete with NOTARY Copy of valid New Mexico Driver's License or Identification Card (not required if NMDL is a Real ID) Copy of Birth Certificate or other required legal documents □ Gemalto Fingerprint Receipt (ORI NM920200Z \$44 civilian; NM920272Z \$12.00 Military/LEO) Current Instructor Liability Insurance Current Instructor Credentials (NRA, USCCA, DPS LEA, etc...) Resume of firearms instructing experience

Fee Schedule NMAC 10.8.2.24(A)(6)

Curriculum and all course materials - Must include:

- □ Fees
- □ Incidental Costs
- ☐ Charges for Course
- □ Policies for passing and failing
- $\ \ \square \ Refund \ policy$
- □ Reschedule policy
- ☐ Attendance requirements

Terms and conditions of License NMAC 10.8.2.16

Reciprocity NMAC 10.8.2.29

Application Qualification and Process

- □ Cost
- □ Forms needed
- □ Fingerprinting
- □ Qualifications and Disqualifiers
- □ Appeals
- □ 2year refresher
- □ Renewal timelines

Explanations of hands on demonstrations, if any.

[NMSA 1978 29-19-7 § (2003)]

- ☐ Safe handling of single- and double-action revolvers and semi-automatic handguns
- □ Safe storage of handguns and child safety;
- □ Safe handgun shooting fundamentals;
- □ Identification of ways to develop and maintain handgun shooting skills;
- □ Federal, state and local criminal and civil laws pertaining to the purchase, ownership,
- transportation, use and possession of handguns;

 □ Techniques for avoiding a criminal attack and
- how to control a violent confrontation;
- ☐ Techniques for non-violent dispute resolution

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 CCU). Credit/Debit cards are also accepted in person at our office in Albuquerque.

Applications may be mailed to:

NMDPS Concealed Carry Unit 6301 Indian School Rd NE Suite 310 Albuquerque, NM 87110

Incomplete applications **will not** be processed.

Be sure to sign and date all appropriate locations and provide a witness and notary signature where required.

Your fee will be deposited, and you must meet the guidelines set forth in NMAC 10.8.2.11(C) **Fees are non-refundable** NMSA 29-19-5(B)(2)

Fingerprinti	ing Procedures for Concealed Carry License
□ Reg	gister at www.aps.gemalto.com/nm/index_NM.htm
□ Clic	ck on Register Online for Background Check
□ Ente	er all information in highlighted areas
\Box OR	I information is as follows:
	NM920200Z for civilian \$44.00
NM92	0272Z for military or law enforcement \$12.00
□ Pay	either by credit card or money order
□ Pri	nt out receipt (as you will need to turn this into the department)
□ Tak	e receipt with you when you get digitally fingerprinted
	(locations available at www.aps.gemalto.com/nm/Maps/MapFrame.htm)
□ Fing	gerprint location will provide a TCN Number after you are fingerprinted

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 may request to have original documents returned to you by submitting this request along with a self-addressed, stamped envelope.

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: Gemalto fingerprint receipt, authorization to obtain health information form, authorization for release of information form, a current certificate of firearms training, a photocopy of your New Mexico Driver's License or Identification Card, a photocopy of your birth certificate or naturalization certificate (not required if the Driver's License is a Real ID), and payment in the form of personal check, cashier's check, money order, or credit card for the appropriate amount.

FEES ARE NON-REFUNDABLE

FEES ARE NON-REFUNDABLE									
New License Application ☐ Renewal Application (Expiration Date) Instructor: ☐ New ☐ Renewal									
Non-Civilian Licenses Law Enforcement: Current Mounted Patrol Retired (Retirement Date Military: Active Veteran (Separation Date)									
Last Name: First Name:			. 1	Middle Na				County o	of Residency:
Social Security Number: Fingerprint TCN			Applicants Only)	NM Driver's License or I.D Number: NMDL Issue Date			ssue Date:		
Date of Birth: (mm-dd-yyyy	Height:	Weight:	Eye Color:		Hair Colo	or:	Race:	ace:	
City of Birth:	te of Birth:		_	Coun	try of Birth	other than	n USA:		
Mailing Address:	•		Ci	ty:			State:	Zip C	Code:
Physical Address (if differen	nt than above):		Ci	ty:			State:	Zip (Code:
How long have your lived at the above address? Home Phone Nur Years Months			one Number:			Business	Phone Nu	mber:	
Email Address:									
FOR OFFICE USE ONLY:									
Form of Payment:									
Applicant Name									
The Department of Public S	The Department of Public Safety acknowledges that onthe sum of \$was received by:								
Signature of emplo	Signature of employee accepting application Printed name of employee accepting application								

ALL APPLICANTS PLEASE READ QUESTIONS THOROUGHLY AND ANSWER QUESTIONS BY CHECKING "YES" or "NO".

	YES	NO
1. Are you a citizen of the United States?	\bigcirc	0
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?	0	0
3. Are you 21 years of age or older?	0	0
4. Have you satisfactorily completed a DPS-Approved Firearms Safety Training Program or Renewal Training Program?	0	0
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 state or pursuant to the laws of the United States or any other jurisdiction?	0	0
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?	0	0
7. Are you otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing a firearm?	0	0
8. Have you been adjudicated incompetent or committed to a mental institution?	0	0
9. Are you an unlawful user of, or addicted to, any controlled substances and/or alcohol?	0	0
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 contender to a misdemeanor offense involving a crime of violence within the last 10 years?	0	0
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?	0	0
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?	0	0
13. Have you been convicted of a misdemeanor offense involving assault, battery, or battery against a household member?	0	0
14. Since the age of 18, have you been arrested for any reason?	0	0
15. Are you a fugitive from justice?	0	0
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?	O	0
17. INSTRUCTOR APPLICANTS ONLY Do you meet ALL training instructor criteria required under NMAC 10.8.2.22? (If yes, include all proper documentation).	O	O

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 understandthem;
- 3. I want a permit to carry a concealed handgun for lawful purposed, 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

			Page 2			
_	Signature of Applicant	Printed Name	Date			
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.					

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 1	Name Printed (F	irst, Middle, Las	t)	

- 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 dmg/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.

Signature of Applicant	Date
Signature of Witness	Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I,						
NAME (MU	UST BE PRINTED-LEGIBLY)	(SSN#)	(DOB)			
Alias' Name:	SSN:	DOB:				
Name:	SSN:	DOB	:			
	Department of Public Safety		y Unit			
NAME OF AG	GENCY OR PERSON RECEIVING A	RREST RECORD				
ADDRESS:	6301 Indian School Rd. NE Sui	te 310, Albuquer	que, NM 87110			
OBTAINING (ARREST RECO	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.					
	TODIAN OF THE RECORDS IN QUES MATION TO THE AUTHORIZED AGI					
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 AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.						
	APPLICANT SIGN	ATURE:				
		DATE:				
SIG	GNED AND SWORN TO BEFORE ME O	N THIS Day (Of20			
State of	County of	For Department of	f Public Safety Use Only			
(SEAL)						
<u>(</u> \$	SIGNATURE OF NOTARY PUBLIC)					
MV COMMISSI	ON FYPIDES:					