



- MUST USE MOST **CURRENT FORM**
- **PRINT CLEARLY IN BLACK INK**
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

CONCEALED HANDGUN LICENSING

EXAMPLE:

Yes No

ORIGINAL APPLICATION

APPLICANT INFORMATION

Have you previously applied for a Texas Concealed Handgun License and/or Qualified Instructor Certification? (REGARDLESS IF ISSUED, TERMINATED, DENIED OR STILL VALID) Yes No

I am applying for: (*APPLICANTS FOR QUALIFIED INSTRUCTORS CERTIFICATION MUST ATTACH CHL-90 FORM)

Concealed Handgun License Only Qualified Instructor Certification Only Both
(*SKIP APPLICATION CONDITION BELOW)

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

Application Condition (SEE INSTRUCTIONS FOR DETAILS)

Standard Active Peace Officer Retired Peace Officer Retired Federal Officer

Active Military Veteran/Retired Military Active Judicial Officer

Retired Judicial Officer Felony Prosecutor Other Prosecutor

Indigent Senior Citizen (60+ YEARS OLD AT TIME OF APPLICATION)

Applicant Last Name (*AS APPEARS ON DL/ID)		First Name		M.I.	Suffix (IF ANY)
<input type="radio"/> Driver License <input type="radio"/> ID Card	Issuing State? (2-LETTER CODE)	DL/ID Number (*PROVIDE COLOR COPY OF DL/ID)	Date of Birth (MM/DD/YYYY)	SSN	- -
Place of Birth (CITY)	(STATE)	(COUNTRY)	Born outside U.S. or U.S. Territory?	Yes <input type="radio"/> No <input type="radio"/>	*If YES, attach legal status documentation.

PERSONAL IDENTIFIERS

Gender	Male <input type="radio"/> Female <input type="radio"/>	Race	<input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Black <input type="radio"/> Other/Unknown <input type="radio"/> White/Hispanic	Eyes (*MATCH DL/ID)	<input type="radio"/> Black <input type="radio"/> Hazel <input type="radio"/> Blue <input type="radio"/> Maroon <input type="radio"/> Brown <input type="radio"/> Multicolor <input type="radio"/> Green <input type="radio"/> Pink <input type="radio"/> Gray <input type="radio"/> Unknown	Hair (*MATCH DL/ID)	<input type="radio"/> Bald/Unknown <input type="radio"/> Gray/Partially <input type="radio"/> Black <input type="radio"/> Red/Auburn <input type="radio"/> Blonde/Strawberry <input type="radio"/> Sandy <input type="radio"/> Brown <input type="radio"/> White
Height	Ft. In.						
Weight	Lbs.						

CONTACT INFORMATION

Residence Address (NO PO BOXES. MUST BE A PHYSICAL ADDRESS)

City State (2-LETTER CODE) ZIP

Have you lived at this residence address for the previous 5 years and is this the only residence information for the previous 5 years (60 months)? Yes No *If NO, please fill out and attach Supplement CHL-78B

Is your mailing address different from the Residence Address listed above? Yes No *If YES, provide mailing address in space below

Mailing Address (IF APPLICABLE)

City State (2-LETTER CODE) ZIP

Are you currently employed and do you have an employment address different from the address listed above? Yes No *If YES, provide employment address in space below

Employer Name/Address

City State (2-LETTER CODE) ZIP

Is this the only employment information for the previous 5 years (60 months)? Yes No *If NO, please fill out and attach Supplement CHL-78B

Applicant Contact Phone Number () Applicant Alternate Number (OPTIONAL) ()

Applicant Email (ONLY FOR CONTACT PURPOSES REGARDING THIS APPLICATION)

THIS SIDE SPACE IS RESERVED FOR OFFICE USE ONLY

REPORTED HISTORY

Have you ever been **arrested or charged** with a crime? (Regardless if pending, dismissed, committed as a juvenile, was long ago OR was in another state.) Yes No *If YES, please fill out and attach Supplement CHL-78C

Have you ever been **treated and/or admitted** to a facility for drug, alcohol and/or psychiatric care; OR been **diagnosed** as suffering from a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability; OR **pled** innocent by reason of insanity; OR **been found** mentally incompetent; OR had court ordered outpatient treatment? Yes No *If YES, please fill out and attach Supplement CHL-78C

I verify that the information provided is true and correct, and I understand that any required fee is **non-refundable**. I also understand that this is an **official Government record** and that any missing information and/or false statement made on this document or any other supplement provided to the Department will cause a **delay** in the processing of my application and may result in **criminal prosecution**.

Applicant Signature _____ Date ____ / ____ / ____