

**Louisiana Department of Public Safety and Corrections
Office of State Police**

**Louisiana Concealed Handgun Permit
Application Packet**

- Submit applications to: **Concealed Handgun Permit Unit, P.O. Box 66375, Baton Rouge, LA 70896**
- If you have questions you may contact the Concealed Handgun Permit Unit by telephone at (225) 925-4867, by fax (225) 922-0225, by mail: P.O. Box 66375, Baton Rouge, LA 70896, or by email: LSP.ConcealedHandgun@la.gov
- Information can also be found at www.lsp.org/handguns.html

GENERAL INFORMATION AND INSTRUCTIONS

Please read and follow instructions carefully. Failure to submit application correctly will result in processing delays.

1. CONCEALED HANDGUN PERMIT LAW – LRS 40:1379.3

- a) All applicants must read this law and swear to this fact. The statute contains the eligibility requirements to receive a concealed handgun permit as well as the rules and regulations regarding the code of conduct of permittees.
- b) A copy of the “Louisiana Concealed Handgun Permit Laws, Administrative Rules and Selected Statutes” can be found at www.lsp.org/handguns.html.

2. APPLICATION PROCESSING FEES (New and Renewal Applications)

ALL FEES ARE NON-REFUNDABLE

- a) 45 Day Temporary permit - **\$25.00 (Balance must be paid upon approval of 5 year or Lifetime permit)**
- b) 5 year permits - **\$125.00 (65 years and older or active duty military personnel - \$62.50)**
- c) Lifetime permits - **\$500.00 (65 years and older or active duty military personnel - \$250.00)**
- d) **NOTE* Effective August 1, 2016 Act 44 of the 2016 Louisiana Legislative Session exempts **HONORABLY DISCHARGED** veterans of the U.S. armed forces from all fees associated with 5-year or lifetime concealed handgun permits. This Act doesn't affect currently active military personnel. Active duty personnel remain eligible to receive the half price discount with a copy of your most recent orders*
- e) **Note* If any applicant has not continuously resided in Louisiana for the past 15 years an additional \$50.00 fee is required (HONORABLY DISCHARGED VETERANS ONLY are exempt from this fee).*
- f) A fee schedule is listed in the “Louisiana Concealed Handgun Permit Laws, Administrative Rules and Selected Statute.” Initial application fees are found in LAC 55:I:1307.B.15. Renewal application fees are found in LAC 55:I:1307.D.2.
- g) Fees are payable to the **Louisiana Department of Public Safety and Corrections** in the form of a cashier's check, certified check or money order. *Personal checks and cash are not accepted*
- h) **Note* Online applicants will receive a confirmation email upon submission of their application and another email upon acceptance of their application. The acceptance email will contain a link to submit a credit card payment. If payment is not made within thirty (30) days, the application will be purged from the system and will require a new submission to proceed.*

3. FIREARMS TRAINING REQUIREMENTS

- a) Louisiana law states that an applicant shall demonstrate competence with a handgun.
- b) Applicants must provide a copy of proof of training with their original (5 year or lifetime) or renewal application.
- c) Lifetime permit holders will have to provide proof of recertification training every 5 years.
- d) Approved firearms safety training tuition costs vary by organization and are not regulated by the DPS&C.
- e) A list of approved instructors can be found at www.lsp.org/handguns.html.
- f) **Original Applications** - Specific modes of demonstrating competence are listed in LRS 40:1379.3 (D)(1) and also in LAC 55:I.1311.A.
- g) **Renewal Applications** - Specific modes of demonstrating competence are listed in LAC 55:I.1311.B.
- h) **Training for both applications shall include:**
 - instruction on handgun nomenclature and safe handling;
 - instruction on ammunition knowledge and fundamentals of pistol shooting;
 - instruction on handgun shooting positions;
 - instruction on the use of deadly force and conflict resolution which shall include a review of R.S. 14:18 through 14:22 and which may include a review of any other laws relating to the use of deadly force;
 - instruction on child access prevention; and
 - actual live range fire and proper handgun cleaning procedures.

CONTINUED

GENERAL INFORMATION AND INSTRUCTIONS (continued)

4. GENERAL APPLICATION INFORMATION

- a) You must submit a “New” permit application if:
 - This is the first time you have applied for a permit in Louisiana.
 - Your previous permit has been expired for more than 60 days.
 - Your previous application was denied or your permit was revoked.
- b) Submit the completed, **original** application form included in this packet. **Please print legibly or type the data in the form fields. Do not send photocopied or double sided applications.** Affidavits must be notarized within **sixty (60) days** of the application date.
- c) For purposes of obtaining a permit, “resident” is defined in LRS 40:1379.3(J)(3) and LAC 55:I:1305.
 - For proof that an applicant has resided within this state prior to his/her application for a permit, **the applicant shall submit with the application a photocopy of their valid Louisiana driver’s license or Louisiana identification card.**
- d) Photocopies of any other documentation, if required, **MUST** clearly show all names, signatures and other pertinent information. Copies which are too dark or too light and do not show all pertinent information cannot be accepted. **DO NOT SEND ORIGINALS, UNLESS SPECIFICALLY REQUIRED TO DO SO, AS THEY CANNOT BE RETURNED.**
- e) **Fingerprint Cards** - Fingerprint cards must be signed and filled out completely, including your name and signature, address, date of birth, place of birth, **social security number** (SSN – see below) and your physical characteristics (sex, race, height, etc.).
 - Two (2) fingerprint cards must be submitted. Both cards must be legible. Fingerprints should be taken/rolled by trained fingerprint technicians on a complete, legible, and classifiable FBI applicant fingerprint card by a person employed by a law enforcement agency. Fingerprint cards that are not legible will be returned to the applicant and will cause a delay in processing the application.
Note: When being printed on AFIS, you must have your prints taken twice (do not print the same set twice). When prints are done with ink, you must submit two different cards.
 - The social security number (SSN) is requested on the application in order for the Department of Public Safety and Corrections to fully conduct a criminal history background check on all applicants as required by law. The social security number will be used for Criminal Justice purposes only. Such information will be utilized to verify identification and ensure that applicants have no arrests, convictions, or warrants that would make them ineligible for a permit. Inclusion of your social security number is **optional** and will not constitute grounds for denial. **However, verification of your eligibility to carry a concealed handgun is not optional. As such, failure to include the social security number may result in a delay of approving your application.**
- f) **Marital Status** – If you have ever been divorced, you must provide the department with a copy of the divorce settlement, decree, or final judgment along with any other orders or injunctions of the court. Failure to include this information will result in the delay of your application. If you are submitting this application as a Renewal, and you have previously submitted this information, it is not necessary to include in your application again.
- g) **Criminal Offense, Arrests, Detentions and Litigation** - Criminal Offense: an act punishable by law. If you have **ever** been arrested, charged, detained, indicted, or summoned for any criminal offense or violation, ***EVEN THOSE CHARGES WHICH YOU BELIEVE TO HAVE BEEN DROPPED, DISMISSED, NOLLE PROS, EXPUNGED, etc.***, you must answer “YES” to the arrest questions (Question #7) and submit certified true copies of the final court disposition of the case with your application. You must list all violations of law or municipal ordinances, except those such as traffic violations (speeding, red light, expired license, etc.). Failure to answer this question correctly will result in the denial of your application.
 - **FAILURE TO LIST ALL ARRESTS, DETENTIONS, AND LITIGATION MAY RESULT IN DELAY OR DENIAL OF THE PERMIT, AND OTHER CRIMINAL PENALTIES AS ALLOWED BY LAW.**
NOTE: The issuance of a Citation or Summons is an arrest and must be listed.
 - **You must still list violations that were EXPUNGED, DISMISSED, or SET ASIDE through either Article 893, Article 894, R.S. 40:983, or for which you were PARDONED and you must provide certified documentation of each arrest with your application.**
- h) **Military Service** - If you have served in the Armed Forces of the United States, you must include a copy of your Department of *Defense Forms 214, 256 or 257 (type of discharge must be listed)*. If you are currently in the military and are using the military discount, you must include a copy of your most recent orders or a copy of your military ID, if allowed (for LAARNG, as noted in 1.8.1.1. “the cardholder may allow photocopying of their ID card to facilitate DoD benefits”).
- i) **Medical Information** - If you answered “yes” to any of the medical questions #13-19, the Medical Summary must be completed by the treating physician or your Medical Doctor (no Physicians Assistants). This information **MUST** be included with your application.

Department of Public Safety and Corrections
Office of State Police
Concealed Handgun Permit Unit
P.O. Box 66375 Baton Rouge, LA 70896
www.lsp.org/handguns.html

**Louisiana Department of Public Safety and Corrections
Office of State Police**

**Louisiana Concealed Handgun Permit
Application**



This application will not be processed unless completed in its entirety and submitted along with all supporting documents and application fees.

Application Type <input type="checkbox"/> NEW PERMIT – 5 YEAR <input type="checkbox"/> NEW PERMIT – LIFETIME <input type="checkbox"/> RENEWAL to 5 YR PERMIT <input type="checkbox"/> RENEWAL to a LIFETIME		<input type="checkbox"/> 45 DAY PERMIT for permanent injunction or protective order		Current GP # (Renewal Only)		For Office Use Only		
				DATE:		PARISH OF RESIDENCE		
LEGAL NAME (LAST, FIRST, MIDDLE)						MAIDEN NAME		
LIST ANY ALIASES OR LEGAL NAME CHANGES						EMAIL ADDRESS		
RACE		<input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> NATIVE AMERICAN/ALASKAN NATIVE		<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE		<input type="checkbox"/> UNKNOWN		HOME PHONE NUMBER
SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DATE OF BIRTH	DAYTIME/BUSINESS PHONE NUMBER		
SOCIAL SECURITY NUMBER (SSN)		DRIVERS LICENSE / ID NUMBER		STATE	INSTRUCTOR NUMBER			
PLACE OF BIRTH (City, State, Country)		ISSUE DATE OF D/L OR ID CARD		EXPIRATION DATE OF D/L OR ID CARD				
CURRENT PHYSICAL ADDRESS (STREET ADDRESS)			CITY	STATE	POSTAL ZIP CODE			
CURRENT MAILING ADDRESS (STREET/PO BOX)			CITY	STATE	POSTAL ZIP CODE			
How long have you lived at your current address? From _____ to present.								
Previous residences – Complete this section if you have not lived at your current address for the fifteen (15) years preceding the date of this application. Attach separate page if necessary.								
ADDRESS		CITY		STATE	DATES			
					FROM	TO		
PLACE OF EMPLOYMENT	NAME OF COMPANY/BUSINESS/FIRM, ETC.							
	ADDRESS							
	CITY		STATE		POSTAL CODE			
	NAME OF SUPERVISOR				CONTACT NUMBER			
MARITAL STATUS (Check all that <u>currently</u> apply)		SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	IF EVER DIVORCED PLEASE PROVIDE DIVORCE DECREE		
OFFICE USE ONLY								
DATE ENTERED		CHECK NUMBER		RECEIPT NUMBER		INITIALS		

ALL APPLICANTS: PLEASE ANSWER "YES" OR "NO" TO ALL QUESTIONS BELOW. Read each question carefully. If you make an error, cross out the incorrect choice and initial the change. If you answer "Yes" to questions 7-12, **attach certified true copies of the court documents**, or "Yes" to questions 13-19, **have the treating physician complete the medical summary disposition form.**

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. Are you a United States Citizen?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2. Are you lawfully present in the United States?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3. Are you a legal resident of the State of Louisiana?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4. Have you continuously resided in the State of Louisiana for the past fifteen (15) years?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	5. Are you at least 21 years of age?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6. Have you completed training as prescribed in LRS 40:1379.3(D)(1) and LAC 55:I.1311.A? (Attach Proof) You MUST indicate the type of Handgun you received training with: Pistol <input type="checkbox"/> Revolver <input type="checkbox"/> Both <input type="checkbox"/>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7. Have you ever been arrested for any criminal offense? Criminal Offense: an act punishable by law. If you have ever been arrested, charged, detained, indicted, or summoned for any criminal offense or violation, <i>EVEN THOSE CHARGES WHICH YOU BELIEVE TO HAVE BEEN DR OPPED, DISMISSED, NOLLE PROS, EXPUNGED, etc.</i>, you must answer "YES" to the arrest questions and submit certified true copies of the final court disposition of the case with your application. You must list all violations of law or municipal ordinances, except those such as traffic violations (speeding, red light, expired license, etc.). Failure to answer this question correctly will result in the denial of your application.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8. Have you ever been found guilty of, or entered a plea of guilty or nolo contendere to Operating a Vehicle While Intoxicated?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9. Have you ever received a pardon or expungement for a criminal offense?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	10. Are you currently on probation or parole for a criminal offense?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	11. Are you a fugitive from justice?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	12. Are you currently subject to any preliminary or permanent injunction, or restraining or protective order, including but not limited to divorces, family or domestic violence?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	13. Are you an unlawful user of or addicted to Marijuana, depressants, stimulants, or narcotic drugs?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	14. Have you ever been committed involuntarily, or voluntarily admitted to any treatment facility, institution, or hospital for the abuse of a controlled dangerous substance as defined in R.S. 40:961 and 964 or for the abuse of alcoholic beverages?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	15. Have you ever been adjudicated mentally deficient or been committed to a mental institution?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	16. Have you ever been hospitalized for any form of mental illness or infirmity?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	17. Have you ever received medical treatment for a mental disorder of any kind by a licensed medical practitioner?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	18. Are you currently taking, or have you ever been prescribed any medication used for the treatment of depression, psychosis or any mental illness?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	19. Are you suffering from any mental or physical infirmity due to disease, illness, or retardation, which could prevent the safe handling of a handgun?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	20. Have you ever been denied a concealed handgun permit in any jurisdiction or had such permit suspended or revoked?

ARRESTS, DETENTIONS, AND LITIGATION

If you answered "Yes" to questions 7-12, provide details below and attach certified true copies of documentation to prove disposition. If additional space is needed, attach a signed statement providing the requested information listed below.

Date of Arrest	Charge	Location (City/State)	Disposition	Arresting Agency

MILITARY SERVICE

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. Have you ever served in the Armed Forces of the United States? 2. Are you currently serving in the Armed Forces of the United States? 3. If actively serving in the Armed Forces, please provide your current orders or a copy of your military ID, if allowed. 4. If Discharged indicate the type of discharge. _____ Note: You must Provide Proof of Discharge. For example, Department of Defense or DD Form-214, 256 or 257.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	

MEDICAL INFORMATION

If you answered "Yes" to questions 13-19, provide details below and attach a completed medical summary form from your treating physician.

Treating Physician	Name:
	Address:
	Phone Number:

ADDITIONAL INFORMATION

USE THE SPACE BELOW FOR INFORMATION RELATING TO THE FOLLOWING:

Questions 7-12 (Arrests), Questions 13-19 (Medical) or Question 20 (Permit Status)

Attach additional sheet if necessary

--

AFFIDAVIT of FACT

STATE OF LOUISIANA

PARISH OF _____

Affiant's Name (Printed)

Affiant's Address (Printed)

I, _____, having been duly sworn, depose and say that I have read the foregoing application, and the contents thereof, and do hereby certify that my responses and information contained within this application are true and correct and they are an accurate account of the requested information. In addition, I have also read, understand, and agree to comply with the statutes contained in R.S. 40:1379.3 and 1382, and the corresponding administrative regulations contained in LAC 55:I:1301 et seq. I have executed this statement voluntarily with the knowledge that any failure to provide truthful information is cause for denial of my application or revocation of a permit, and that the making of any false statement or response in this application is a violation of R.S. 14:133, Filing False Public Records, a criminal offense punishable by imprisonment for not more than five (5) years with or without hard labor or a fine not to exceed five thousand dollars, or both.

Affiant's Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, _____

Print, Type, or Stamp Name of Notary Public

Notary Public

MY COMMISSION EXPIRES _____

Affidavits are valid for sixty days after notarization.

B

INDEMNIFICATION AND HOLD HARMLESS AFFIDAVIT

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified, in and for the Parish and State aforesaid, personally came and appeared:

Affiant's Name (Printed)

Affiant's Address (Printed)

Who being by me first duly sworn, deposed and said:

I, _____, pursuant to R.S. 40:1379.3, agree to indemnify and hold harmless the state of Louisiana, the Department of Public Safety and Corrections, the Secretary and the Deputy Secretary of the Louisiana Department of Public Safety and Corrections, and any of its agents or employees, and any peace officer within this state, from and against any and all liability, claims, actions, fines or losses of any kind or nature, including costs and attorney's fees, in any way arising out of, connected with or related to the issuance or use of my Louisiana Concealed Handgun Permit.

Affiant's Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, _____

Print, Type, or Stamp Name of Notary Public

Notary Public

MY COMMISSION EXPIRES _____

Affidavits are valid for sixty days after notarization.

C

AUTHORIZATION FOR RELEASE OF MEDICAL AND PERSONAL INFORMATION

STATE OF LOUISIANA

PARISH OF _____

TO: Any physician, psychologist, social worker, hospital, clinic, or other health care provider, law enforcement Agency or officer, any branch of the Armed Forces of the United States, or any individual or institution having information about me.

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified, in and for the Parish and State aforesaid, personally came and appeared:

Affiant's Name (Printed)

Affiant's Address (Printed)

Who being by me first duly sworn, deposed and said:

I, _____, do hereby give my consent in authorizing full disclosure and review of all records and information, verbal or written, concerning myself to any duly authorized agent of the Louisiana Department of Public Safety and Corrections, Office of State Police, Concealed Handgun Permit Section, whether said records are public, private, confidential, or privileged in nature. I further understand that if any of the records obtained are confidential or privileged, the Louisiana Department of Public Safety and Corrections will maintain the privilege or confidentiality of such records.

The intent of this authorization is to give my consent for full and complete disclosure of any and all medical, criminal, or other personal information regarding me, including but not limited to physical, psychiatric, or substance abuse treatment and/or consultation records, and all records pertaining to my conduct such as background reports, criminal history records, etc. I further understand that this release will only be used to obtain information for the purpose of determining my eligibility for a Louisiana Concealed Handgun Permit.

I understand that any information obtained through a medical or personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my eligibility for a concealed handgun permit. I also certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I also understand that a reproductive copy of this release affidavit shall be for all intents and purposes as valid as the original. I request and appreciate your full cooperation.

This release shall be and remain valid from the date of execution until the expiration or revocation of any concealed handgun permit issued to me pursuant to this application, or until my application for a concealed handgun permit has been denied pursuant to a final judicial decision.

Affiant's Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, _____

Print, Type, or Stamp Name of Notary Public

Notary Public

MY COMMISSION EXPIRES _____

Affidavits are valid for sixty days after notarization.

Required Documents Checklist

- Application with the 3 affidavits completed and notarized.
 - Copy of Louisiana Driver's License or Louisiana Identification Card.
 - Copy of Louisiana permanent injunction or the protective order. **(If Applicable)**
 - Correct Fee as described in Rule Booklet.
 - Proof of Training as described in Rule Booklet.
 - Two sets of fingerprints on an FBI Applicant Card. If the fingerprints were taken electronically, they must be on two separate cards.
 - Marital Status** – If you are divorced, copies of the divorce settlement, decree, or final judgment along with any orders or injunctions of the court must be included.
 - Arrests** – If you have been arrested, you must include Certified True Copies of court minutes as requested in “Arrests, Detention, and Litigation Section.” **You must still list violations that were EXPUNGED, DISMISSED, or SET ASIDE through either Article 893, Article 894, R.S. 40:983, or for which you were PARDONED.**
 - Military** – If you have served in the Armed Forces of the United States, you must include a copy of your DD-214. If you are currently serving in the Armed Forces of the United States, you must include a copy of your current orders or a copy of your military ID if allowed (for LAARNG as noted in 1.8.1.1. “the cardholder may allow photocopying of their ID card to facilitate DoD benefits”).
 - Medical Summary Disposition** – If you answered “yes” to any of the medical questions #13-19, the Medical Summary must be completed by the treating physician. This information **MUST** be included with your application.
 - Permit Status** – If you answered “yes” to question #20 and have ever had a permit denied, suspended, or revoked in ANY jurisdiction, please provide details in the space provided under **ADDITIONAL INFORMATION**.
- NFJ 'Cwj qt k c vlp'Hqt o** – Complete LDH form (found on last page of packet)



Authorization to Release Health Information

Table with 2 columns: Patient Information (Name, Mailing Address, City/State/Zip) and Requester Information (Request Date, Date of Birth, Social Security #)

I authorize: [Name] of [Address] to release information to:

TO RELEASE Information TO

Department of Public Safety / Louisiana State Police / Concealed Handgun Permit Unit / Sgt. Arman Douglas
7919 Independence Blvd., Baton Rouge, LA 70806

The Purpose of this Authorization is: Evaluation of application for concealed handgun permit

I authorize the release of the following: mental health / substance use disorder information:

(Place an "X" in the box(es) that apply to the information you want released or you want to obtain.)

- Entire Record, Medical History, Examination, Reports, Prescriptions, Treatment or Tests

In compliance with state and/or federal laws which require special permission to release otherwise privileged information, please release the following records.

- Alcoholism, Drug Abuse, Mental Health, Psychotherapy Notes

This authorization shall expire [Date]

Signature of Individual or Personal Representative Authorized by Law Date

Signature of Witness (If signed with an "X" or mark) Date

Signature of Notary Date

Important Information about Authorization

When required by law or policy, LDH may only obtain, use and disclose your health information if the required written authorization includes all the required elements of a valid authorization.

You may revoke and /or cancel an authorization at any time. LDH cannot take back any uses or disclosures already made before an authorization was cancelled. Revocation need not be made in writing.

Information used or disclosed by this authorization may not be re-disclosed by DPS-LSP.

† Provider shall be given a copy of signed document that acknowledges their receipt of Federal Rule 42 CFR § 2.32 - Prohibition on redisclosure.