

APPLICATION INSTRUCTIONS

For a complete outline of eligibility requirements, refer to the New Mexico Concealed Handgun Carry Act of 2003 (as amended in 2005) Section 29-19-1 thru 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.

Cash will NOT be accepted.

If you are applying for both a NM Concealed Handgun License and Training Instructor approval, you need only submit one application indicating it is for both purposes. Check the appropriate box(es) at the top of the application. There is NO FEE if you are applying for training instructor approval only; however, two fingerprint cards are also required.

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

IncludethefollowingforNew applications:

- Complete 2-Page Application
- \$100.00 Fee: \$44 for the Background Check + \$56 for the Application Fee
- Photocopy of New Mexico Driver's License or Identification Card
- Original birth certificate: Must be issued by a vital statistics or similar agency in the state in which you were born, no photocopies. Refer to 29-19-5 B(6)
- Certificate of Completion of Firearms Training
- Two (2) Authorization Release Forms
- Electronic Fingerprints or 2 fingerprint cards ¹

IncludethefollowingforRenewal applications:

- Complete 2-Page Application
- \$75.00 Fee: \$44 for the Background Check + \$31 for the Application Fee
- Photocopy of New Mexico Driver's License or Identification Card
- Certificate of Completion of Firearms Training
- Electronic Fingerprints or 2 fingerprint cards ¹

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) NMSA 1978).

Fingerprint cards (2) must be filled out completely, including your name and signature, social security number, address, date of birth, place of birth and physical characteristics. Fingerprint cards should be taken/rolled by trained fingerprint technicians. The official taking your fingerprints must sign/date the card and provide his employer's name and address under his signature. These services may be available through your local law enforcement agency. If the cards are not accepted by the FBI for comparison purposes, processing of your application 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/she intends to teach and have documentation showing completion of one of the following:

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

Under certain 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/updates pertaining to NM Concealed Carry are available on the NMDPS web site: <http://www.dps.state.nm.us/>. Check this web site periodically for new and updated forms and information on recognition/reciprocity.

¹ Go to www.cogentid.com for more information

New Mexico Department of Public Safety

CONCEALED HANDGUN LICENSE/ FIREARMS SAFETY TRAINING 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: two (2) full sets of fingerprints, two (2) release forms, an original (**NOT A PHOTOCOPY**) of your birth certificate, a current training certificate, a photocopy of New Mexico Driver's License or Identification Card and payment in the form of a personal check, cashier's check or money order for the appropriate amount.

CASH WILL NOT BE ACCEPTED. 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"/> Retired Law Enforcement | | | |
| <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 Residence: | NM Driver's License or ID Number: | NM Driver's License or ID Issue Date: | Height: | Weight: | Eye Color: |
| | | | | | Hair 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: <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> PERSONAL CHECK | | | | | |
| _____ | | | | | |
| 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"/> \$100.00 Application Fee | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Fingerprint Cards (2) complete/signed | | | |
| <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? | | |
| 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? | | |
| 3. Are you 21 years of age or older? | | |
| 4. Have you satisfactorily completed a DPS –Approved Firearms Safety Training Program or Renewal Training Program? | | |
| 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? | | |
| 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? | | |
| 7. Are you otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing a firearm? | | |
| 8. Have you been adjudicated incompetent or committed to a mental institution? | | |
| 9. Are you an unlawful user of, or addicted to any controlled substances and/or alcohol? | | |
| 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? | | |
| 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? | | |
| 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? | | |
| 13. Have you been convicted of a misdemeanor offense involving assault, battery or battery against a household member? | | |
| 14. Since the age of 18, have you been arrested for any reason? (If "yes", submit brief summary and court disposition). | | |
| 15. Are you a fugitive from justice? | | |
| 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? | | |
| 17. ***INSTRUCTOR APPLICANTS ONLY*** Do you meet ALL training instructor criteria required under NMAC 10.8.2.22? (If yes, include all proper documentation). | | |

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)

**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

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE **PRINTED-LEGIBLY**) (SOC) (DOB)

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

New Mexico Department of Public Safety
6301 Indian School Road Suite 310
Albuquerque, NM 87110

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

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.

SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED IN YOUR PRESENCE AND NAME,DOB,SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____.

(SEAL) _____

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.