

FILE NUMBER: _____

**APPLICATION FOR CONCEALED HANDGUN PERMIT
COMMONWEALTH OF VIRGINIA
VIRGINIA CODE SECTIONS 18.2-308.02 AND 06**

<input type="checkbox"/> RESIDENT PERMIT
<input type="checkbox"/> NONRESIDENT PERMIT
<input type="checkbox"/> RENEWAL
SEE NOTICE 2 PAGE 3

1. FULL LEGAL NAME (ATTACH A SEPARATE LISTING OF ANY ADDITIONAL NAMES YOU MAY HAVE USED OR BEEN KNOWN BY) FIRST _____ MIDDLE _____ LAST _____		2. DATE OF BIRTH (YOU MUST BE AT LEAST 21 YEARS OF AGE) MONTH _____ DAY _____ YEAR _____	
3. RESIDENTIAL ADDRESS (ATTACH A SEPARATE LISTING OF ALL ADDRESSES WITHIN THE LAST 5 YEAR PERIOD) STREET OR RURAL ROUTE _____ CITY _____ COUNTY _____ STATE _____ ZIP _____ MAILING ADDRESS (IF DIFFERENT) _____ EMAIL (OPTIONAL) _____ <input type="checkbox"/> CHECK THIS BOX AND PROVIDE AN EMAIL ADDRESS ABOVE TO REQUEST ELECTRONIC NOTICE IN ADVANCE OF PERMIT EXPIRATION. (RESIDENT PERMITS ONLY)			
4. PHYSICAL FEATURES HEIGHT _____ WEIGHT _____ SEX _____ RACE _____ HAIR COLOR _____ EYE COLOR _____ SCARS, MARKS, TATTOOS, PECULIAR CHARACTERISTICS: _____		5. SOCIAL SECURITY NUMBER (OPTIONAL) SEE NOTICE 1 ON PAGE 3	
6. PLACE OF BIRTH (LOCALITY/STATE/NATION) COUNTRY OF CITIZENSHIP (YOU MUST BE A UNITED STATES CITIZEN OR HAVE LAWFUL PERMANENT RESIDENCE. NON-CITIZEN APPLICANTS MUST PROVIDE A VALID INS-ISSUED ALIEN REGISTRATION NUMBER.) <input type="checkbox"/> UNITED STATES <input type="checkbox"/> OTHER: _____ ALIEN REGISTRATION NUMBER: _____		7. TELEPHONE NUMBER HOME _____ OTHER _____	
8. CHECK YES OR NO FOR EACH OF THE FOLLOWING QUESTIONS			
A. 1. HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? (INCLUDE FELONY CONVICTIONS OF DRIVING UNDER THE INFLUENCE AND/OR ANY OFFENSE FOR WHICH YOU WERE CONVICTED AS A JUVENILE, WHICH WOULD HAVE BEEN A FELONY IF COMMITTED BY AN ADULT. IF YES, COMPLETE FORM 1 PART B PAGE 2. FAILURE TO ACKNOWLEDGE A CONVICTION MAY BE CONSTRUED AS MAKING A MATERIALLY FALSE STATEMENT.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OFFENSE WITHIN THE FIVE-YEAR PERIOD IMMEDIATELY PRECEDING THIS APPLICATION? (INCLUDE MISDEMEANOR CONVICTIONS OF DRIVING UNDER THE INFLUENCE. DO NOT INCLUDE TRAFFIC INFRACTIONS OR THOSE MISDEMEANORS SET FORTH IN TITLE 46.2 CODE OF VIRGINIA.) IF YES, COMPLETE FORM 1 PART B PAGE 2. FAILURE TO ACKNOWLEDGE A CONVICTION MAY BE CONSTRUED AS MAKING A MATERIALLY FALSE STATEMENT.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
B. HAVE YOU BEEN COMMITTED TO THE CUSTODY OF THE COMMISSIONER OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES? IF YES, COMPLETE FORM 2 PART A PAGE 2 (SEE NOTICE 4 PAGE 3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
C. HAVE YOU BEEN ACQUITTED BY REASON OF INSANITY, ADJUDICATED LEGALLY INCOMPETENT, MENTALLY INCAPACITATED OR ADJUDICATED AN INCAPACITATED PERSON BY A COURT OF VIRGINIA OR ANY OTHER COURT? IF YES, COMPLETE FORM 2 PART B PAGE 2. (SEE NOTICE 4 PAGE 3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
D. HAVE YOU BEEN INVOLUNTARILY ADMITTED TO A FACILITY OR ORDERED TO MANDATORY OUTPATIENT TREATMENT, OR WERE YOU THE SUBJECT OF A TEMPORARY DETENTION ORDER PURSUANT TO VA. CODE § 37.2-809 WHO LATER AGREED TO VOLUNTARY ADMISSION UNDER VA. CODE § 37.2-805? IF YES, COMPLETE FORM 2 PAGE 2 AS INDICATED BELOW. (SEE NOTICE 4 PAGE 3) 1. COMPLETE PART C OF FORM 2 PAGE 2 IF INVOLUNTARILY ADMITTED 2. COMPLETE PART D OF FORM 2 PAGE 2 IF ORDERED TO MANDATORY OUTPATIENT TREATMENT 3. COMPLETE PART E OF FORM 2 PAGE 2 IF VOLUNTARILY ADMITTED SUBSEQUENT TO A TEMPORARY DETENTION ORDER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
E. HAVE YOU RECEIVED MENTAL HEALTH TREATMENT OR SUBSTANCE ABUSE TREATMENT IN A RESIDENTIAL SETTING WITHIN THE FIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
F. ARE YOU THE SUBJECT OF, OR NAMED AS A RESPONDENT IN A RESTRAINING ORDER, A PROTECTIVE ORDER, AN EMERGENCY SUBSTANTIAL RISK ORDER OR A SUBSTANTIAL RISK ORDER? AN ACTIVE RESTRAINING, PROTECTIVE ORDER, EMERGENCY SUBSTANTIAL RISK ORDER OR SUBSTANTIAL RISK ORDER MAY BE AN AUTOMATIC DISQUALIFIER IN VIRGINIA. SEE VA. CODE § 18.2-308.1:4, OR 18.2-308.1:6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
G. ARE YOU ADDICTED TO, OR AN UNLAWFUL USER OR DISTRIBUTOR OF MARIJUANA OR ANY CONTROLLED SUBSTANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
H. ARE YOU AN ALIEN NOT LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN THE UNITED STATES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
I. HAVE YOU BEEN DISCHARGED FROM THE ARMED FORCES OF THE UNITED STATES UNDER DISHONORABLE CONDITIONS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
J. ARE YOU A FUGITIVE FROM JUSTICE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
K. DO YOU HAVE ANY CRIMINAL CHARGE PENDING? IF YES, COMPLETE FORM 1 PART A PAGE 2. FAILURE TO ACKNOWLEDGE A PENDING CHARGE MAY BE CONSTRUED AS MAKING A MATERIALLY FALSE STATEMENT.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
L. HAVE YOU, WITHIN THE THREE-YEAR PERIOD IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION, EITHER 1) BEEN FOUND GUILTY OF ANY DRUG-RELATED CRIMINAL OFFENSE AS SET FORTH IN ARTICLE 1 (§ 18.2-247 ET SEQ.) OF CHAPTER 7 OF TITLE 18.2 OR OF A CRIMINAL OFFENSE FOR THE ILLEGAL POSSESSION OR DISTRIBUTION OF MARIJUANA OR ANY CONTROLLED SUBSTANCE UNDER THE LAWS OF VIRGINIA, ANY OTHER STATE, THE DISTRICT OF COLUMBIA, OR THE UNITED STATES OR ITS TERRITORIES; OR 2) BEEN CHARGED WITH ANY OFFENSE ENUMERATED IN THIS PARAGRAPH AND THE TRIAL COURT FOUND THE FACTS OF THE CASE WERE SUFFICIENT FOR A FINDING OF GUILT AND DISPOSED OF THE CASE PURSUANT TO § 18.2-251 OR SUBSTANTIALITY SIMILAR LAW OF VIRGINIA, ANY OTHER STATE, THE DISTRICT OF COLUMBIA, OR THE UNITED STATES OR ITS TERRITORIES? IF YES, COMPLETE FORM 1 PART A OR B PAGE 2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
M. DO YOU CURRENTLY HAVE A VALID RESIDENT CONCEALED HANDGUN PERMIT ISSUED BY A VIRGINIA CIRCUIT COURT? IF YES, NAME OF THE CIRCUIT COURT WHICH ISSUED THE PERMIT: _____ EXPIRATION DATE _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. ATTACH A PHOTOCOPY OF THE DOCUMENTATION THAT DEMONSTRATES YOUR COMPETENCE WITH A HANDGUN (INITIAL PERMITS ONLY).			

I, THE UNDERSIGNED, AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY ATTACHMENTS TO THIS DOCUMENT IS BOTH CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE WILLFUL MAKING OF A FALSE STATEMENT IN THIS APPLICATION CONSTITUTES PERJURY AND IS PUNISHABLE IN ACCORDANCE WITH §18.2-434 OF THE CODE OF VIRGINIA. I ALSO AFFIRM AND UNDERSTAND THAT THE ISSUANCE OF A CONCEALED HANDGUN PERMIT DOES NOT NECESSARILY ENTITLE ME, THE UNDERSIGNED, TO POSSESS, TRANSPORT OR SELL A FIREARM UNDER STATE OR FEDERAL LAW.

Signature of Applicant

Date

FORM 1

PART A PENDING CHARGES (FOR ADDITIONAL PENDING CHARGES, USE A PIECE OF PLAIN PAPER AND ATTACH)

DESCRIBE THE PENDING CRIMINAL CHARGE AGAINST YOU: _____
DATE OF CHARGE: _____ COUNTY, CITY AND STATE OF CHARGE: _____
CURRENT STATUS OF CHARGE: _____

PART B CONVICTIONS (FOR ADDITIONAL CONVICTIONS, USE A PIECE OF PLAIN PAPER AND ATTACH)

DESCRIBE THE CHARGE FOR WHICH YOU WERE CONVICTED: _____

DATE OF CONVICTION: _____ COUNTY, CITY AND STATE OF CHARGE: _____

HAVE YOU RECEIVED A PARDON OR RESTORATION OF RIGHTS THAT INCLUDES YOUR FIREARM RIGHTS? YES NO
IF YES, ATTACH SUPPORTING DOCUMENTATION.

HAVE YOU BEEN CONVICTED / ADJUDICATED OF AN OFFENSE AS A JUVENILE WHICH WOULD HAVE BEEN A FELONY IF COMMITTED BY AN ADULT? YES NO

IF YES, HAVE YOU COMPLETED A TERM OF SERVICE OF NO LESS THAN TWO YEARS IN THE ARMED FORCES OF THE UNITED STATES? ATTACH SUPPORTING DOCUMENTATION. YES NO

DID YOU RECEIVE AN HONORABLE DISCHARGE YES NO NOT APPLICABLE

FORM 2

PART A COMMITMENTS TO THE COMMISSIONER OF HEALTH AND DEVELOPMENTAL SERVICES

DATE OF COMMITMENT: _____ DATE YOU WERE RELEASED FROM CUSTODY: _____

NAME OF COURT WHICH ENTERED THE ORDER: _____

LOCATION OF COURT (INCLUDE STREET ADDRESS, CITY, COUNTY, AND STATE) _____

HAVE YOUR FIREARM RIGHTS BEEN RESTORED BY A COURT? YES NO
IF YES, HAVE FIVE YEARS ELAPSED SINCE THE DATE OF RESTORATION? YES NO
IF YES, ATTACH SUPPORTING DOCUMENTATION.

PART B ADJUDICATION OF LEGAL INCOMPETENCE OR MENTAL INCAPACITATION

DATE OF ADJUDICATION: _____ NAME OF COURT WHICH ENTERED THE ORDER: _____

LOCATION OF COURT (INCLUDE STREET ADDRESS, CITY, COUNTY, AND STATE) _____

HAS YOUR COMPETENCY OR CAPACITY HAS BEEN RESTORED BY A COURT? YES NO
IF YES, HAVE FIVE YEARS ELAPSED SINCE THE DATE OF RESTORATION? YES NO
IF YES, ATTACH SUPPORTING DOCUMENTATION.

PART C INVOLUNTARY ADMISSIONS

DATE INVOLUNTARILY ADMITTED: _____ DATE RELEASED FROM THIS ADMISSION: _____

NAME OF COURT WHICH ENTERED THE ORDER: _____

LOCATION OF COURT (INCLUDE STREET ADDRESS, CITY, COUNTY, AND STATE) _____

HAVE YOUR FIREARM RIGHTS BEEN RESTORED BY A COURT? YES NO
IF YES, HAVE FIVE YEARS ELAPSED SINCE THE DATE OF RESTORATION? YES NO
IF YES, ATTACH SUPPORTING DOCUMENTATION.

PART D MANDATORY OUTPATIENT TREATMENT

DATE ORDERED TO MANDATORY OUTPATIENT TREATMENT: _____

DATE RELEASED FROM MANDATORY OUTPATIENT TREATMENT: _____

NAME OF COURT WHICH ENTERED THE ORDER: _____

LOCATION OF COURT (INCLUDE STREET ADDRESS, CITY, COUNTY, AND STATE) _____

HAVE YOUR FIREARM RIGHTS BEEN RESTORED BY A COURT? YES NO
IF YES, HAVE FIVE YEARS ELAPSED SINCE THE DATE OF RESTORATION? YES NO
IF YES, ATTACH SUPPORTING DOCUMENTATION.

PART E VOLUNTARY ADMISSION SUBSEQUENT TO A TEMPORARY DETENTION ORDER

DATE OF TEMPORARY DETENTION ORDER (TDO): _____

AFTER BEING SUBJECT TO A TEMPORARY DETENTION ORDER (TDO), DID YOU SUBSEQUENTLY AGREE TO VOLUNTARY ADMISSION PURSUANT TO VA CODE §37.2-805? YES NO IF YES, NAME OF COURT WHICH ENTERED THE ORDER: _____

LOCATION OF COURT (INCLUDE STREET ADDRESS, CITY, COUNTY, AND STATE) _____

HAVE YOUR FIREARM RIGHTS BEEN RESTORED BY A COURT? YES NO
IF YES, HAVE FIVE YEARS ELAPSED SINCE THE DATE OF RESTORATION? YES NO
IF YES, ATTACH SUPPORTING DOCUMENTATION.

