



# Kansas Application for Concealed Carry Handgun License and Qualifying Information



## Instructions for Application

Please complete this application fully by typing or printing in **blue or black ink** all requested information. You must apply at the sheriff's office in your county of residence. You must attach the following items:

1. For **new** applications or those which have permanently expired, you must attach two money orders or cashier's checks:
  - (1) For \$110 (\$60 if retired law enforcement officer) payable to "Office of the Attorney General"
  - (2) For \$40 payable to "Sheriff of \_\_\_\_\_ County," (put your county of residence in the blank space)
2. A photocopy of a certificate or an affidavit signed by an instructor approved by the attorney general showing completion of an approved training class. If you are a retired law enforcement officer as defined by KSA 21-3110, completion of an approved training class is not required if you were certified by the Kansas Law Enforcement Training Commission not more than 8 years prior to submission of this application. Proof of retirement from the retiring agency must accompany the application – i.e., copy of an agency issued retirement credential with date of retirement or a letter signed by chief administrator acknowledging your retirement.
3. A 2" x 2" passport-type color photograph of the applicant taken within the preceding 30 days with no sunglasses or hat. Photo must be a frontal view containing head and shoulders. Attach photo to page 2 of the application.

After completing Sections I, II and III, and compiling the above listed items, submit your application and attachments to your county sheriff. The sheriff will make a copy of your Kansas driver's license or ID card, take your fingerprints and mail the application packet to the attorney general.

**NOTE: Answering "no" to questions numbered 1 through 4, or answering "yes" to any of the questions numbered 5 through 16, in Section II of this application will likely result in a license denial. Answer each question honestly and to the best of your knowledge. Should you answer "no" to a question numbered 1 through 4, or "yes" to any of the questions 5 through 16, explain you answer fully on a separate sheet of paper and attach to your completed application.**

**NEW PROVISION, READ CAREFULLY BEFORE CONTINUING:** Individuals with criminal histories which include expunged felony offenses **may** now be eligible for licensure. **Even if expunged, all criminal histories inquired about in Section II must be disclosed by individuals applying for a concealed carry handgun license (CCHL).** The attorney general does have access to expunged adult records for licensing purposes.

If an applicant's criminal history includes a felony level **conviction or diversion**, in order to be eligible for licensure: (a) the felony **must** be expunged from the individual's record; **and** (b) 5 years must have elapsed between the date the individual became **eligible for expungement** and the date the CCHL application is submitted. If an applicant's criminal history includes an expunged misdemeanor **conviction or diversion** for one or more of the offenses found under question 8 in Section II, the applicant must wait to apply until 5 years have elapsed since the date of **conviction or placement on diversion**. Applications which do not meet these criteria **prior to application** will be denied. To ensure your eligibility, consult private legal counsel. The attorney general cannot provide counsel.

**The application process will take a minimum of 45 days from the attorney general's receipt of application but generally will be completed at about 60 days.** If approved, you will be directed to a state driver's license station to obtain your concealed handgun license endorsement on your driver's license, non-driver's identification card, or a separate CCH license. You must pay the required Department of Revenue fee for obtaining the CCHL card, and any other fees that are owed to obtain a new driver's license or non-driver's identification card.

**ALL FEES SUBMITTED ARE NONREFUNDABLE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Official Use – Sheriff

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Received by \_\_\_\_\_  
 County: \_\_\_\_\_

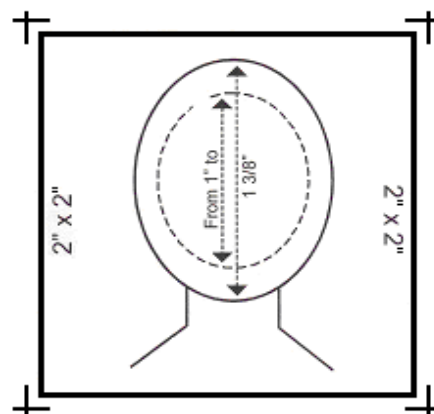
**Verify:** (1) Kansas DL or ID \_\_\_\_\_  
 Photocopy and Attach to Application  
 (2) Training Certification Attached \_\_\_\_\_

New Application \_\_\_\_\_ [\$110+\$40 = \$150]  
 Retired LEO \_\_\_\_\_ [\$60+\$40 = \$100]

Official Use – Attorney General

**WARNING:** This application is executed under oath. A false statement on this application, or submission of a false document, may subject the applicant to prosecution for the crime of perjury, K.S.A. 21-3805, and amendments thereto, a severity level nine (9) non-person felony, or other applicable criminal charges.

When completing this form **Print in Blue or Black Ink**



Section I: Application				
NAME: Last	First:	Middle:	Jr., Sr., etc.	
Aliases/Maiden Name/Other names used:	Place of Birth: (City, State, Country)			
Current Address:	City:	State:	County:	Zip code:
Previous Address within last 5 years: From: _____, 20__ to _____, 20__	City:	State:	County:	Zip code:
Date of Birth:	Occupation:			
KS Drivers License or Identification Card #:	Social Security Number:*			
Telephone number:**	Email:**			
<p>* Providing your SSN is voluntary in order to verify your identity and confirm your eligibility for a CCH license (75-7c05). Failure to provide it may delay processing of your application. Pursuant to KSA 39-758 and 74-139, and amendments thereto, your SSN may be disclosed to the Director of Taxation and/or the Kansas Department of Social and Rehabilitation Services (SRS) for child support enforcement purposes.</p> <p>** Providing your telephone and/or email address is optional as well.</p>				
Signature: _____			Date: _____	

<b>Section II: Section 7c04(a) of the KPFFA qualifications:</b> Place a check mark under the appropriate 'yes' or 'no' answer to the following questions numbered 1 through 16. Answer all applicable questions.	<b>Yes</b>	<b>No</b>
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**Answering 'no' to any question numbered 1 through 4 could result in denial.**

1. Are you twenty-one (21) years of age or older at the time of application?		
2. Are you a citizen of the United States?		
3. Are you a resident of the county where you are applying?		
4. Have you been a resident of Kansas for the six (6) months or more immediately preceding your application?		

**Answering 'yes' to any question numbered 5 through 14 could result in denial.**

5. Do you have any physical infirmities or disabilities which prevent you from safely handling a firearm?		
6. Even if expunged, have you ever been <b>convicted or placed on diversion</b> , in Kansas or any other jurisdiction, for an act that constitutes a felony in Kansas?  "Felony" means a crime that is defined as a felony by law or is punishable by imprisonment in a state or federal correctional institution. <b>If an applicant has had a felony conviction or diversion expunged, an applicant must wait 5 years from the date they were eligible to expunge that record before they can apply for a CCH.</b>		
7. Have you ever been adjudicated as a juvenile offender, in Kansas or any other jurisdiction, for a felony or for an act that would be a felony if committed by an adult?  Expunged juvenile adjudications will not be considered to disqualify an applicant.		
8. <b>Even if expunged, within the last 5 years have you:</b> (a) been <b>convicted or placed on diversion</b> , in Kansas or any other jurisdiction, for an act that constitutes a misdemeanor under the provisions of the uniform controlled substances act, currently found at K.S.A. 65-4101 <i>et seq</i> ;  (b) been <b>convicted or placed on diversion</b> , in Kansas or any other jurisdiction, two (2) or more times for an act that constitutes a violation of K.S.A. 8-1567, driving under the influence of alcohol or controlled substance;  (c) been <b>convicted or placed on diversion</b> , in Kansas or any other jurisdiction, for an act that constitutes a 'domestic violence misdemeanor.' A 'domestic violence misdemeanor' means: (1) a violation of K.S.A. 21-3412a and amendments thereto; <b>or</b> (2) any other misdemeanor under federal, municipal or state law that has as an element the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim;  (d) been <b>convicted or placed on diversion</b> , in Kansas or any other jurisdiction, for an act that constitutes a violation of K.S.A. 75-7c12 (carrying a concealed weapon under the influence of alcohol/drugs); or  (e) been <b>convicted or placed on diversion</b> , in Kansas or any other jurisdiction, for an act that constitutes a violation of K.S.A. 21-4201(a)(4), and amendments thereto, for the unlawful concealed carry of a firearm on one's person?		
9. <b>Within the last 5 years, have you:</b> (a) been adjudicated as a juvenile offender, in Kansas or any other jurisdiction, for an unlawful act that would constitute a misdemeanor crime found under questions 8(a) through (e) above if that act had been committed by an adult? (b) if answer to question 9(a) is 'yes,' which subsection(s) of question 8 apply?		

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Section II (cont'd)	Yes	No
10. Have you ever been convicted of a 'misdemeanor crime of domestic violence' as defined by federal law, 18 U.S.C. 922(a)(33)? (for definition, see question 8(c)(2) above)		
11. (A) Have you ever been adjudged a disabled person under the Kansas act for obtaining a guardian or conservator (K.S.A. 59-3050 et seq.); or had a guardian, conservator, or both appointed for you under that Act or similar law from another jurisdiction? (B) If you answered "yes" to 11(A), have you been restored to capacity for at least three (3) years?		
12. (A) Have you <b>ever</b> been charged with, <b>or are you currently</b> under charges for a crime which, if convicted or placed on diversion for, would render you ineligible for a license? (B) If so charged, and final disposition has occurred, are there any other charges pending that would cause you to be ineligible for a license?		
13. (A) Have you ever been ordered by a court to receive treatment for mental illness or an alcohol or substance abuse problem? <b>(Does not include ordered treatment following a DUI)</b> (B) If you answered " yes" to question 13(A), do you have a certificate that was issued by a court, at least five (5) years prior to the date of application, restoring your ability to possess a firearm?		
14. Are you currently subject to any restraining orders in the following actions: (1) protection from abuse or stalking (KSA 60-3101; 60-31a01); (2) divorce (KSA 60-1607); (3) child-in-need-of-care (KSA 38-2242; 38-2243; 38-2255); or (4) similar orders issued from other jurisdictions?		
15. Have you ever been dishonorably discharged from the military?		
16. Are you currently in contempt of court in a child support proceeding?		

**Section III: Sworn Statement**

**WARNING: This application is executed under oath.** A false statement or answer in sections I, II, or III of this application, or submission of a false document, may subject the applicant to prosecution for the crime of perjury, K.S.A. 21-3805, ad amendments thereto, a severity level nine (9) non-person felony, or other applicable criminal violation.

I hereby declare under penalty of perjury that all of the statements made in this application are true and correct and that:

1. I have received a copy of the Kansas Personal and Family Protection Act (KPFPA) and am familiar with its provisions;
2. I have complied with the criteria in K.S.A. 75-7c04 (as listed in Section II of this application), including completing an approved training course; (See instructions regarding retired law enforcement officers.)
3. pursuant to K.S.A. 75-7c05, I hereby waive confidentiality in my mental health and medical records as are necessary to determine my qualifications under the KPFPA;
4. I want a concealed carry license for lawful purposes, including as a means of self-defense;
5. the information contained in this application, and any documents or items submitted with it, is true, correct and complete to the best of my knowledge.
6. **I understand that a state and national criminal history records check will be conducted and that other investigations may be conducted to determine my eligibility for a concealed weapon license as part of the application process, and that the criminal history records check may include access to expunged records.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_