

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 OR A PROTECTIVE ORDER? AN ACTIVE RESTRAINING OR PROTECTIVE ORDER MAY BE AN AUTOMATIC DISQUALIFIER IN VIRGINIA. SEE VA. CODE § 18.2-308.1:4.			<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 SUBSTANTIALLY 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.

NOTICE 1

DISCLOSURE OF SOCIAL SECURITY NUMBER

THIS INFORMATION IS PROVIDED PURSUANT TO THE GOVERNMENT DATA COLLECTION AND DISSEMINATION PRACTICES ACT (§ 2.2-3800 ET SEQ). VIRGINIA CODE § 2.2-3800 (c) (10) PROVIDES THAT AN AGENCY SHALL NOT COLLECT PERSONAL INFORMATION EXCEPT AS EXPLICITLY OR IMPLICITLY AUTHORIZED BY LAW. PURSUANT TO VIRGINIA CODE § 2.2-3803 (A), IT IS UNLAWFUL FOR AN AGENCY TO REQUIRE AN INDIVIDUAL TO DISCLOSE OR FURNISH HIS SOCIAL SECURITY NUMBER FOR ANY PURPOSE IN CONNECTION WITH ANY ACTIVITY, OR TO REFUSE ANY SERVICE, PRIVILEGE OR RIGHT TO AN INDIVIDUAL WHOLLY OR PARTLY BECAUSE THE INDIVIDUAL DOES NOT DISCLOSE SUCH NUMBER, UNLESS THE DISCLOSURE OR FURNISHING OF SUCH NUMBER IS SPECIFICALLY REQUIRED BY FEDERAL OR STATE LAW. THE CLERK OF COURT MAY WITHHOLD FROM PUBLIC DISCLOSURE THE SOCIAL SECURITY NUMBER CONTAINED IN A PERMIT APPLICATION IN RESPONSE TO A REQUEST TO INSPECT OR COPY ANY SUCH APPLICATION EXCEPT THAT THE SOCIAL SECURITY NUMBER SHALL NOT BE WITHHELD FROM ANY LAW-ENFORCEMENT OFFICER ACTING IN THE PERFORMANCE OF HIS OFFICIAL DUTIES. THE SOCIAL SECURITY NUMBER IS NOT MADE PART OF ANY PUBLIC RECORD BY THE DEPARTMENT OF STATE POLICE.

NOTICE 2

WHERE TO APPLY

COMPLETED APPLICATIONS FOR **RESIDENT PERMITS** SHALL BE DELIVERED TO THE CIRCUIT COURT OF THE COUNTY OR CITY IN WHICH THE APPLICANT RESIDES. THE APPLICANT SHOULD CONSULT WITH THE COURT AUTHORITIES FOR INSTRUCTION AND GUIDANCE SPECIFIC TO HIS OR HER APPLICATION.

COMPLETED APPLICATIONS FOR **NONRESIDENT PERMITS** SHALL BE FORWARDED TO THE VIRGINIA STATE POLICE, FIREARMS TRANSACTION CENTER, POST OFFICE BOX 85141, RICHMOND, VIRGINIA, 23285-5608, ALONG WITH OTHER DOCUMENTATION AS AUTHORIZED BY STATUTE. SPECIFIC APPLICATION INFORMATION AND INSTRUCTION IS PROVIDED AT THE VIRGINIA STATE POLICE WEB SITE, WWW.VIRGINIATROOPER.ORG/, OR BY TELEPHONE (804) 674-2676.

NOTICE 3

IF YOUR APPLICATION IS DENIED

VIRGINIA RESIDENT APPLICANTS: (1) UPON DENIAL OF THE APPLICATION, THE CLERK SHALL PROVIDE THE PERSON WITH NOTICE, IN WRITING, OF HIS RIGHT TO AN ORE TENUS HEARING. UPON REQUEST OF THE APPLICANT MADE WITHIN 21 DAYS, THE COURT SHALL PLACE THE MATTER ON THE DOCKET. THE APPLICANT MAY BE REPRESENTED BY COUNSEL, BUT COUNSEL SHALL NOT BE APPOINTED, AND THE RULES OF EVIDENCE SHALL APPLY. THE FINAL ORDER OF THE COURT SHALL INCLUDE THE COURT'S FINDINGS OF FACT AND CONCLUSIONS OF LAW. (2) UPON DENIAL OF AN APPLICATION BY ANY PERSON WHO PREVIOUSLY HELD A CONCEALED HANDGUN PERMIT, THE CLERK SHALL PROVIDE THE PERSON WITH NOTICE, IN WRITING, OF HIS RIGHT TO AN ORE TENUS HEARING. UPON REQUEST OF THE APPLICANT MADE WITHIN 21 DAYS, THE COURT SHALL PLACE THE MATTER ON THE DOCKET. THE APPLICANT MAY BE REPRESENTED BY COUNSEL, BUT COUNSEL SHALL NOT BE APPOINTED, AND THE RULES OF EVIDENCE SHALL APPLY. THE FINAL ORDER OF THE COURT SHALL INCLUDE THE COURT'S FINDINGS OF FACT AND CONCLUSIONS OF LAW. (3) ANY PERSON DENIED A PERMIT TO CARRY A CONCEALED HANDGUN MAY PRESENT A PETITION FOR REVIEW TO THE COURT OF APPEALS. THE PETITION FOR REVIEW SHALL BE FILED WITHIN 60 DAYS OF THE EXPIRATION OF THE TIME FOR REQUESTING AN ORE TENUS HEARING, OR IF AN ORE TENUS HEARING IS REQUESTED, WITHIN 60 DAYS OF THE ENTRY OF THE FINAL ORDER OF THE CIRCUIT COURT FOLLOWING THE HEARING. THE PETITION SHALL BE ACCOMPANIED BY A COPY OF THE ORIGINAL PAPERS FILED IN THE CIRCUIT COURT, INCLUDING A COPY OF THE ORDER OF THE CIRCUIT COURT DENYING THE PERMIT. THE DECISION OF THE COURT OF APPEALS OR JUDGE SHALL BE FINAL. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, IF THE DECISION TO DENY THE PERMIT IS REVERSED UPON APPEAL, TAXABLE COSTS INCURRED BY THE PERSON SHALL BE PAID BY THE COMMONWEALTH. [VIRGINIA CODE SECTION 18.2-308 .08]

NONRESIDENT APPLICANTS: YOU MAY CONTACT THE VIRGINIA STATE POLICE, FIREARMS TRANSACTION CENTER (FTC), TO DISCUSS THE INELIGIBLE DETERMINATION AND/OR TO PROVIDE ADDITIONAL INFORMATION DEEMED PERTINENT TO THE FINAL DETERMINATION OF ELIGIBILITY AT (804)674-2676, OR WRITE TO THE FTC AT POST OFFICE BOX 85141, RICHMOND, VIRGINIA 23285-5608, OR EMAIL FIREARMS@VSP.STATE.VA.US. ANY PERSON DENIED A PERMIT FOR INACCURATE OR FALSE INFORMATION MAY NOT REAPPLY FOR A PERIOD OF 12 MONTHS FOLLOWING THE DATE OF FINAL DENIAL DETERMINATION BY THE SUPERINTENDENT.

NOTICE 4

COMMITMENTS TO THE COMMISSIONER OF HEALTH AND DEVELOPMENTAL SERVICES

ANY PERSON WHO HAS BEEN ACQUITTED BY REASON OF INSANITY PURSUANT TO §18.2-308.1:1 OR ANY SUBSTANTIALLY SIMILAR LAW OF ANY OTHER JURISDICTION, HAS BEEN ADJUDICATED LEGALLY INCOMPETENT OR MENTALLY INCAPACITATED PURSUANT TO §18.2-308.1:2 OR HAS BEEN INVOLUNTARILY ADMITTED TO A FACILITY OR ORDERED TO MANDATORY OUTPATIENT TREATMENT PURSUANT TO §18.2-308.1:3 OR HAS BEEN THE SUBJECT OF A TEMPORARY DETENTION ORDER UNDER §37.2-809 WHO SUBSEQUENTLY AGREED TO VOLUNTARY ADMISSION UNDER §37.2-805 IS PROHIBITED FROM PURCHASING, POSSESSING OR TRANSPORTING A FIREARM UNLESS HIS OR HER RIGHT TO PURCHASE, POSSESS, OR TRANSPORT A FIREARM HAS BEEN RESTORED BY THE AUTHORITY OF AN APPROPRIATE COURT.

NOTICE 5

USE OF DEADLY OR LETHAL FORCE

FOR THE PURPOSES OF UNDERSTANDING THE LAW RELATING TO THE USE OF DEADLY AND LETHAL FORCE, PLEASE REFERENCE THE VIRGINIA SUPREME COURT WEBSITE AT [HTTP://WWW.COURTS.STATE.VA.US/COURTS/SCV/HOME.HTML](http://WWW.COURTS.STATE.VA.US/COURTS/SCV/HOME.HTML).

CRIMINAL BACKGROUND INVESTIGATION

(THIS SPACE FOR LAW ENFORCEMENT USE ONLY)

YES

NO

PENDING CHARGES

CONVICTIONS

IF YES, SEE ATTACHMENT(S)

____ / ____ / ____
MONTH DAY YEAR

____, **OFFICER OR AGENCY DESIGNEE**

(THIS SPACE FOR COURT USE ONLY)

RESIDENT PERMIT FILE NO. _____

CIRCUIT COURT _____

APPLICATION OF _____

ON _____ **FOR A VIRGINIA RESIDENT CONCEALED HANDGUN PERMIT IS HEREBY:**
(DATE)

GRANTED

DENIED (SEE EXPLANATION BELOW)

THE PERMIT APPLICATION IS DENIED ON THE BASIS OF THE FOLLOWING:

YOU ARE ENTITLED TO AN ORAL HEARING BEFORE THIS COURT. THE REQUEST FOR A HEARING MUST BE FILED WITH THIS COURT WITHIN TWENTY-ONE DAYS OF DENIAL OF YOUR APPLICATION. SEE NOTICE 3 PAGE 3

____ / ____ / ____
MONTH DAY YEAR

____, **JUDGE** **CLERK**

(THIS SPACE FOR STATE POLICE USE ONLY)

NONRESIDENT PERMIT FILE NO. _____

APPLICATION OF _____

FOR A VIRGINIA NONRESIDENT CONCEALED HANDGUN PERMIT IS HEREBY:

GRANTED

DENIED (SEE EXPLANATION BELOW)

SEE NOTICE 3 PAGE 3

____ / ____ / ____
MONTH DAY YEAR

____, **SUPERINTENDENT OR DESIGNEE**

SUPPLEMENTAL INFORMATION FOR
CONCEALED HANDGUN APPLICATIONS

Name of Applicant: _____

Addresses (list all addresses you have lived at for the past 5 years)

Not Applicable _____

Previous Names Used (include legal name changes, maiden name and change of name due to marriage)

Not Applicable _____

Physical Features (Please write out, no abbreviations)

Height _____

Weight _____

Hair Color _____

Eye Color _____

Date

Signature of Applicant

