

## CONCEALED PISTOL LICENSE APPLICATION

<b>I. General Information:</b> Type or clearly print in ink answers to all fields.				
1. Full Legal Name (Include Suffix)			2. Date of Birth	
3. Previous Names, Aliases, or Maiden Names (If Applicable)			4. Daytime Phone Number - -	
5a. Social Security Number (Voluntary)		5b. Email Address (Voluntary)		
6a. Driver's License Number or Personal Identification Number		6b. Driver's License or Personal Identification State of Issuance		
7a. Primary Residence Address		7b. Primary Residence City	7c. Primary Residence ZIP Code	
8a. Mailing Address (If Different)		8b. Mailing City	8c. Mailing ZIP Code	
9a. Race	9b. Gender	9c. Height	9d. Hair Color	9e. Eye Color
10. County of Residence		11. Place of Birth (State or Country)		
12. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete 13 a, b, and c)	13a. Are you a Legal Immigrant Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	13b. Alien Registration Number	13c. Country of Citizenship	
14a. Are you lawfully registered to vote in Michigan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
14b. Are you on active duty status with the United States Armed Forces, stationed outside of Michigan, but your home of record is in Michigan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
14c. Are you on active duty status with the United States Armed Forces, permanently stationed in Michigan, but your home of record is outside of Michigan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>II. Type of License:</b> Check the box next to the type of license that applies to this application.				
<input type="checkbox"/> <b>Standard</b> – Application for Standard License				
<input type="checkbox"/> <b>Emergency</b> – Personal Protection Order Obtained				
<input type="checkbox"/> <b>Emergency</b> – Sheriff				
<input type="checkbox"/> <b>Renewal</b> – If renewing an existing Standard license, complete the renewal information and certification below.				
1. Renewal Information				
a. Expiration Date of Current CPL	b. County of Issuance	c. Name on Previous License	d. CPL Number	
2. Renewal Certification				
I certify that I have completed at least three hours of review of the required training and have had at least one hour of firing range time in the six months immediately preceding this application.				
Signature			Date	
<b>III. Survey:</b> Answer "yes" or "no" to the following questions.				
1. Have you ever been convicted or adjudicated as a juvenile of a felony in this state or elsewhere?		<input type="checkbox"/> No <input type="checkbox"/> Yes		
2. Do you have a felony charge pending in this state or elsewhere?		<input type="checkbox"/> No <input type="checkbox"/> Yes		

<b>III. Survey (continued): Answer "yes" or "no" to the following questions.</b>	
3. Have you been convicted or adjudicated as a juvenile of a misdemeanor violation, or have a misdemeanor charge pending, of any offense listed in Section A.9 of the CPL Guide in the eight years immediately preceding this application?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Have you been convicted or adjudicated as a juvenile of a misdemeanor violation, or have a misdemeanor charge pending, of any offense listed in Section A.10 of the CPL Guide in the three years immediately preceding this application?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Do you have a personal protection order against you or have you been released by a judge or a district court magistrate subject to protective conditions?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Have you ever been found guilty but mentally ill of any crime or offered a plea of not guilty of, or been acquitted of, any crime by reason of insanity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Are you now, or have you ever been, subject to an order of involuntary commitment in an inpatient or outpatient setting due to a mental illness?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Do you have a diagnosed mental illness that includes an assessment that you present a danger to yourself or another, regardless of whether you are receiving treatment for that illness?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Are you under a court order of legal incapacity in this state or elsewhere?	<input type="checkbox"/> No <input type="checkbox"/> Yes
10. Have you ever been dishonorably discharged from the United States Armed Forces?	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Have you completed the training required for a new CPL (documentation must be presented with the application), <b>OR</b> have you certified above that you have completed the required review and firing range time for a renewal of your license?	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. Are you a retired police officer or retired law enforcement officer?	<input type="checkbox"/> No <input type="checkbox"/> Yes
13. Are you exempt from prohibited premises pursuant to MCL 28.425o? If yes, acceptable proof must be provided to the county clerk pursuant to MCL 28.425b(22)(a).	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>V. Agreement and Certification</b>	
By signing below, you acknowledge the following statements are true:	
<ul style="list-style-type: none"> <li>I have read the information provided on carrying a concealed pistol and obtaining a Michigan CPL. I meet all the criteria for obtaining a CPL and I do not have a history of mental illness that would disqualify me from obtaining a CPL under the Firearms Act, 1927 PA 372, as amended.</li> <li>I give authority to the MSP to access any record needed to perform its required verification through the Law Enforcement Information Network (LEIN) and the National Instant Criminal Background Check System (NICS).</li> <li>I understand that my personal information, and biometric data being submitted by Livescan, will be used to search against identification records from both the MSP and FBI for the purpose of verifying my eligibility to obtain a CPL. I hereby authorize the release of my personal information for such purpose and release of any records found by the MSP.</li> <li>During the processing of this application, and for as long as my fingerprints and associated information/biometrics are retained by the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register and for the routine uses for the FBI's Next Generation Identification. Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety. I understand this new application is executed under oath and swear or affirm under penalty of law that the above answers are true and correct to the best of my knowledge.</li> <li>I understand that intentionally making a false statement on this application is a felony punishable by imprisonment for not more than four years or a fine of not more than \$2,500, or both.</li> <li>I have been provided with a copy of the compilation of the Firearms Laws of Michigan created by the Legislative Services Bureau and forms to appeal any notice of statutory disqualification, or suspension or revocation of a license under this act.</li> </ul>	
<b>Applicant's Name and Signature</b> If completing this form in person, do not sign until instructed by the county clerk or his or her representative. This does not apply to <b>renewal</b> applications if the completed form will be submitted by mail or electronically.	Date
<b>Witness' Name, Title, and Signature</b> If completing this form in person, the witness will be the County Clerk or Representative. A witness signature is not necessary for <b>renewal</b> applications if the completed form will be submitted by mail or electronically.	Date
<b>When used as a new application, return the completed unsigned form and documentation of required training to the county clerk's office. A passport quality photograph must be submitted if a digital photograph is not on file with the Michigan Secretary of State.</b>	