



- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes  No

**ORIGINAL APPLICATION**

**APPLICANT INFORMATION**

Have you previously applied for a Texas Concealed Handgun License and/or Qualified Instructor Certification? (REGARDLESS IF ISSUED, TERMINATED, DENIED OR STILL VALID) Yes  No

I am applying for: (\*APPLICANTS FOR QUALIFIED INSTRUCTORS CERTIFICATION MUST ATTACH CHL-90 FORM)

Concealed Handgun License Only     Qualified Instructor Certification Only     Both  
(\*SKIP APPLICATION CONDITION BELOW)

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

**Application Condition** (SEE INSTRUCTIONS FOR DETAILS)

Standard     Active Peace Officer     Retired Peace Officer     Retired Federal Officer

Active Military     Veteran/Retired Military     Active Judicial Officer

Retired Judicial Officer     Felony Prosecutor     Other Prosecutor

Indigent     Senior Citizen (60+ YEARS OLD AT TIME OF APPLICATION)

Applicant Last Name (*AS APPEARS ON DL/ID)		First Name		M.I.	Suffix (IF ANY)
<input type="radio"/> Driver License <input type="radio"/> ID Card	Issuing State? (2-LETTER CODE)	DL/ID Number (*PROVIDE COLOR COPY OF DL/ID)	Date of Birth (MM/DD/YYYY)	SSN	- -
Place of Birth (CITY)	(STATE)	(COUNTRY)	Born outside U.S. or U.S. Territory?	Yes <input type="radio"/> No <input type="radio"/>	*If YES, attach legal status documentation.

**PERSONAL IDENTIFIERS**

<b>Gender</b> Male <input type="radio"/> Female <input type="radio"/>	<b>Race</b> <input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Black <input type="radio"/> Other/Unknown <input type="radio"/> White/Hispanic	<b>Eyes</b> (*MATCH DL/ID) <input type="radio"/> Black <input type="radio"/> Hazel <input type="radio"/> Blue <input type="radio"/> Maroon <input type="radio"/> Brown <input type="radio"/> Multicolor <input type="radio"/> Green <input type="radio"/> Pink <input type="radio"/> Gray <input type="radio"/> Unknown	<b>Hair</b> (*MATCH DL/ID) <input type="radio"/> Bald/Unknown <input type="radio"/> Gray/Partially <input type="radio"/> Black <input type="radio"/> Red/Auburn <input type="radio"/> Blonde/Strawberry <input type="radio"/> Sandy <input type="radio"/> Brown <input type="radio"/> White
<b>Height</b> Ft.    In.			
<b>Weight</b> Lbs.			

**CONTACT INFORMATION**

Residence Address (NO PO BOXES. MUST BE A PHYSICAL ADDRESS)

City    State (2-LETTER CODE)    ZIP

Have you lived at this residence address for the previous 5 years and is this the only residence information for the previous 5 years (60 months)? Yes  No  \*If NO, please fill out and attach Supplement CHL-78B

Is your mailing address different from the Residence Address listed above? Yes  No  \*If YES, provide mailing address in space below

Mailing Address (IF APPLICABLE)

City    State (2-LETTER CODE)    ZIP

Are you currently employed and do you have an employment address different from the address listed above? Yes  No  \*If YES, provide employment address in space below

Employer Name/Address

City    State (2-LETTER CODE)    ZIP

Is this the only employment information for the previous 5 years (60 months)? Yes  No  \*If NO, please fill out and attach Supplement CHL-78B

Applicant Contact Phone Number (    )    Applicant Alternate Number (OPTIONAL) (    )

Applicant Email (ONLY FOR CONTACT PURPOSES REGARDING THIS APPLICATION)

THIS SIDE SPACE IS RESERVED FOR OFFICE USE ONLY

**REPORTED HISTORY**

Have you ever been **arrested or charged** with a crime? (Regardless if pending, dismissed, committed as a juvenile, was long ago OR was in another state.) Yes  No  \*If YES, please fill out and attach Supplement CHL-78C

Have you ever been **treated and/or admitted** to a facility for drug, alcohol and/or psychiatric care; OR been **diagnosed** as suffering from a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability; OR **pled** innocent by reason of insanity; OR **been found** mentally incompetent; OR had court ordered outpatient treatment? Yes  No  \*If YES, please fill out and attach Supplement CHL-78C

I verify that the information provided is true and correct, and I understand that any required fee is **non-refundable**. I also understand that this is an **official Government record** and that any missing information and/or false statement made on this document or any other supplement provided to the Department will cause a **delay** in the processing of my application and may result in **criminal prosecution**.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_