

Application For

FLORIDA
CONCEALED WEAPON
OR FIREARM LICENSE

Includes Your
Personal Tracking Number



01/2014

Florida Department of Agriculture and Consumer Services

Adam H. Putnam, Commissioner

YOUR TRACKING NUMBER

T076282380

You can use the tracking number that appears above to obtain information concerning the status of your application as it is being reviewed and evaluated by our Division personnel.

Simply call our office at (850) 245-5691 from a touchtone telephone and follow the automated instructions or check online at www.myllicensesite.com.

PLEASE READ THE FOLLOWING CAREFULLY

- ***Your tracking number is a UNIQUE ID NUMBER that is linked directly to the BARCODE that appears on the application on the next page. Therefore, we ask that you DO NOT MAKE COPIES OF THIS APPLICATION for use by others. Doing so will make it impossible for you to track the progress of your own application.***
- *You should allow 3-4 weeks from the time you mail your application before you call for a status update.*
- *Processing time will vary depending upon the Division's workload. However, please be advised that if your application is INCOMPLETE or if we receive background check information from law enforcement authorities that requires additional review to confirm your eligibility for licensure, processing time may take up to 90 days.*
- *Please do not return this page with your application. Keep it in a secure place for future reference.*



Florida Department of Agriculture and Consumer Services
Division of Licensing

APPLICATION FOR CONCEALED WEAPON OR FIREARM LICENSE

Chapter 790, Florida Statutes
Post Office Box 6687 Tallahassee, FL 32314-6687 (850) 245-5691
www.myllicensesite.com

ADAM H. PUTNAM
COMMISSIONER



S M I T H 1 2 3

SECTION I APPLICANT INFORMATION Read application instructions before you begin. Place letter/number inside each box as shown above.

SOCIAL SECURITY NUMBER VOLUNTARY ALIEN REGISTRATION NUMBER
See APPLICATION INSTRUCTIONS If you are an alien, provide your 8- or 9-digit Alien Registration Number.

LAST NAME FIRST NAME MI

RESIDENCE ADDRESS PHONE NUMBER

RESIDENCE ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

CITY STATE ZIP CODE

MAILING ADDRESS IF DIFFERENT FROM ABOVE

MAILING ADDRESS CONTINUED (SUITE, BLDG., APT., ETC.)

CITY STATE ZIP CODE

SEX RACE EYE COLOR HAIR COLOR DATE OF BIRTH (MMDDYYYY) WEIGHT HEIGHT LBS FT IN

PLACE OF BIRTH - (INCLUDE STATE OR PROVINCE --- AND COUNTRY)

OCCUPATION (MUST BE COMPLETED - EVEN IF YOU ARE RETIRED OR SELF-EMPLOYED)

EMAIL ADDRESS

SECTION II QUALIFYING DATA (SHADE IN THE APPROPRIATE CIRCLE)

- 1. Are you applying for this license as a consular security official of a foreign government which meets the standards defined in Section 790.06(2)(a), Florida Statutes?
2. Do you hold an active certification from the Florida Criminal Justice Standards and Training Commission as a law enforcement officer, correctional officer, or correctional probation officer as defined in Section 943.10(1), (2), (3), (6), (7), (8) or (9), Florida Statutes?
3a. Are you a retired Florida law enforcement officer, correctional officer, or correctional probation officer as defined in Section 943.10 (1), (2) or (3), Florida Statutes?
3b. If you answered YES to Question 3a., have you been retired for one year or less?



- 4a. Do you qualify for exemption from the public records law as provided by s. 119.071, Florida Statutes? YES NO
- 4b. If YES, do you wish to have the specified information kept confidential? YES NO
- 5a. Have you ever renounced or formally given up United States citizenship?
If YES, you are not eligible for licensure. YES NO
- 5b. Are you currently residing in the United States?
If NO, you are not eligible for licensure unless you are serving overseas in the United States Armed Forces. YES NO
- 5c. Are you a United States citizen? If YES, proceed to question 6. If NO, proceed to question 5d. YES NO
- 5d. Are you deemed a lawful permanent resident alien by the Department of Homeland Security, U.S. Citizenship and Immigration Services? If you are neither a U.S. citizen nor a permanent resident alien, you are not eligible for licensure. YES NO
6. Have you received training with a firearm as required by Section 790.06(2)(h), Florida Statutes, relating to competency with a firearm? YES NO
7. Have you ever been convicted of a felony? YES NO
8. Have you had adjudication of guilt withheld or imposition of sentence suspended on a felony charge or a misdemeanor crime of domestic violence? YES NO
9. Have you been convicted, found guilty of, or had adjudication withheld on one or more misdemeanor crimes of violence? YES NO
10. Have you been convicted or found guilty of a misdemeanor crime of domestic violence?
If YES, you are not eligible for licensure. YES NO
11. Have you been issued an injunction that is currently in force and effect that restrains you from committing acts of domestic violence or acts of repeat violence? If YES, you are not eligible for licensure. YES NO
12. Have you ever been adjudicated incapacitated, committed to a mental institution, or adjudicated mentally defective? YES NO
13. During the three years preceding the date of this application, have you been:
- a. Committed for the abuse of controlled substances, or been found guilty or convicted of a crime under the provisions of Chapter 893, Florida Statutes, or similar laws of any other state, or had multiple arrests for such offenses within the past five years with the most recent arrest occurring within the past year? YES NO
- b. Committed for the abuse of alcoholic beverages or other substances under the provisions of Chapter 397, or under the provisions of former Chapter 396, Florida Statutes, or convicted under Section 790.151, Florida Statutes, or been deemed a habitual offender under the provisions of Section 856.011(3), Florida Statutes, or similar laws of any other state? YES NO
- c. Convicted two or more times under Section 316.193, Florida Statutes, or similar laws of any other state for driving under the influence of alcohol or a controlled substance?
If you answered YES to any of these questions, you are not eligible for licensure. YES NO
14. Are you under arrest or currently charged in any court with a felony, any crime punishable by imprisonment for more than one year, or any crime of violence, including crimes of domestic violence? YES NO
15. Are you a fugitive from justice? YES NO
16. Have you been discharged from the Armed Forces under dishonorable conditions?
If YES, you are not eligible for licensure. YES NO

SECTION III OATH OF APPLICANT AND NOTARIZATION STATEMENT

THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY DOCUMENT SUBJECTS THE APPLICANT TO CRIMINAL PROSECUTION UNDER SECTION 837.06, FLORIDA STATUTES.

I DO SWEAR AND AFFIRM THAT:

- a) I have been furnished a copy of Chapter 790, Florida Statutes, relating to weapons and firearms, and that I am knowledgeable of the provisions contained therein.
- b) I desire a legal means to carry a concealed weapon or firearm for lawful self-defense.
- c) I do not suffer from a physical infirmity that would prevent my safely handling a weapon or firearm.
- d) The information contained in this application and all attached documents is true and correct to the best of my knowledge.

Signature of Applicant _____

Date Signed _____

STATE OF _____ COUNTY OF _____

The foregoing application was sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by:

PRINT Name of Applicant _____

NOTARY SIGNATURE _____

Personally Known Produced Identification

Type of Identification Produced _____

PRINT, TYPE, OR STAMP NAME OF NOTARY _____

APPLICANT
* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.3-1-10) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

FL920610Z
DOA-CONSUMER SV-LIC
TALLAHASSEE, FL

DATE OF BIRTH DOB
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS
Name and address of LAW ENFORCEMENT AGENCY
where your prints are take must be on the back of
the card in the blank area in the upper right corner.

FBI NO. FBI

CLASS _____

ARMED FORCES NO. MNU

REF. _____

REASON FINGERPRINTED

790.06

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

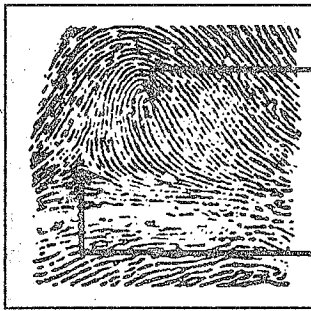
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

APPLICANT

1. LOOP

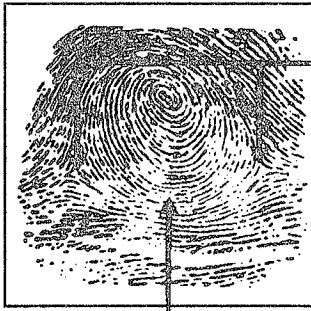


CENTER OF LOOP

DELTA

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



DELTAS

THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

- Ensure all information is typed or legibly printed using blue or black ink.
- Enter data within the boundaries of the designated field or block.
- Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)
- The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex - fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)
- * criminal fingerprint cards also require an arrest charge and date of arrest.
- ** civil fingerprint cards also require a reason fingerprinted and date fingerprinted

- Do not use highlighters on fingerprint cards.
- Do not enter data or labels within 'Leave Blank' areas.
- Ensure the 'Reply Desired' field is checked when applicable (criminal only).
- Ensure fingerprint impressions are rolled completely from nail to nail.
- Ensure fingerprint impressions are in the correct sequence.
- Ensure notations are made for any missing fingerprint impression (i.e. amputation).
- Do not use more than two retabs per fingerprint impression block.
- Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at lialison@leo.gov.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

INSTRUCTIONS:

1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

FD-258 (REV. 3-1-10)

GPO U.S. GOVERNMENT PRINTING OFFICE:
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