RI-012 (12/2013)
MICHIGAN STATE POLICE

CONCEALED PISTOL LICENSE APPLICATION

AUTHORITY: 1927 PA 372, as amended **COMPLIANCE:** Voluntary, however, failure to complete will result in denial of application

I. General Information: Type or clearly print answers to all fields.

1. Full Legal Name (First, Middle, Last Suffix)					2. Date of Birth
3. Previous Names, Aliases or Maiden Names (If applicable)					4. Daytime Telephone Number
5. Social Security Number (Voluntary)			6. Driver License Number or State Identification Number		
7. a. Primary Residence Address			7. b. Primary Residence City		7. c. Primary Residence Zip Code
8. a. Mailing Address (If different)			8. b. Mailing City		8. c. Mailing Zip Code
9. a. Race	9. b. Gender	9. c. Height	9. d. Weight	9. e. Hair Color	9. f. Eye Color
10. Name of Police Department in the City, Village, or Township of Residence (If applicable)			11. County of Residence		
12. Are you a U.S. citizen? ☐ Yes ☐ No	13. Place of Birth		14. a. Are you a Legal Immigrant Alien? ☐ Yes ☐ No		14. b. Alien Registration Number

II. Type of License: Check the box next to the type of license that applies to this application.

☐ **New** - Applying for a new license

☐ **Temporary** - If applying for a temporary license, attach a statement of facts supporting a temporary license.

☐ **Renewal** - If renewing an existing license, complete the renewal information and certification below.

1. Renewal Information

a. Expiration Date	b. Effective Date	c. County of Issuance	d. Name on Previous License	e. Concealed Pistol License 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

III. Survey: Answer "yes" or "no" to the following questions.

1. Have you ever been convicted of a felony in this state or elsewhere?	☐ Yes ☐ No
2. Do you have a felony charge pending in this state or elsewhere?	☐ Yes ☐ No
3. Have you been convicted of a misdemeanor violation of any offense listed on the Concealed Pistol License Guide in the eight years immediately preceding this application? If yes, please explain on the reverse side of this application.	☐ Yes ☐ No
4. Have you ever been convicted of a misdemeanor crime of domestic violence?	☐ Yes ☐ No
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?	☐ Yes ☐ No
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?	☐ Yes ☐ No
7. Have you ever been subject to an order of involuntary commitment in an inpatient or outpatient setting due to a mental illness?	☐ Yes ☐ No
8. Do you have a diagnosed mental illness, regardless of whether you are receiving treatment for that illness?	☐ Yes ☐ No
9. Are you under a court order of legal incapacity in this state or elsewhere?	☐ Yes ☐ No
10. Have you ever been dishonorably discharged from the United State Armed Forces?	☐ Yes ☐ No
11. Have you completed the training required for a new Concealed Pistol License (original documentation must be submitted with the application), **OR** have you certified above that you have completed the required review of firing range time for a renewal of your license?	☐ Yes ☐ No
12. Are you a retired police officer or retired law enforcement officer?	☐ Yes ☐ No
13. Are you exempt from prohibited premises pursuant to MCL 28.425o? If yes, proof may be required to be presented to the concealed weapon licensing board.	☐ Yes ☐ No

IV. References: Provide the names, addresses and telephone numbers of two references.

1. Reference One

a. Name	b. Telephone Number	
c. Primary Residence Address	d. City	e. Zip

Continued on next page

2. Reference Two		
a. Name	b. Telephone Number	
c. Primary Residence Address	d. City	e. Zip

V. Agreement and Certification: Read the following statements. By signing below, you acknowledge they are true.

- ☐ I have read the information provided on carrying a concealed pistol and obtaining a Michigan Concealed Pistol License. I meet all the criteria for obtaining a Concealed Pistol License and I do not have a history of mental illness that would disqualify me from obtaining a Concealed Pistol license under the Firearms Act, 1927 PA 372, as amended.
- ☐ I give authority to the concealed weapon licensing board to access any record, including medical and mental health records, pertaining to my qualifications to receive a Concealed Pistol License. I understand I may request that the licensing board review my medical and mental health records in a closed session, and that I and my representative may be present at that closed session.
- ☐ I understand this 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. **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.**
- ☐ I have been provided with a copy of the compilation of the Firearms Laws of Michigan created by the Legislative Services Bureau.

Applicant's Signature (Do not sign until instructed by the county clerk or his or her representative)	Date
Witness (County clerk or representative)	Date

Return the completed unsigned form, a passport-quality photograph, and documentation of required training to the county clerk's office.