

Applicant Name	Social Security No.                    -                    -
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**CRIMINAL HISTORY INFORMATION** \* USE ADDITIONAL PAGES AS NECESSARY.

Indicate **all** criminal history information, regardless of the amount of time that has passed or in which state the offense occurred. Include juvenile cases, **any** assaults of **any** level and disposition in court, all charges that were dismissed, deferred adjudications and all pending charges, whether or not you believe these are disqualifying.

Date of Arrest (MM/DD/YYYY)	Offense	Arresting Agency and Location (COUNTY AND STATE)	Full Disposition
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

Have you ever received a **dishonorable discharge** from the military? Yes  \* If **yes**, you must submit a copy of your **DD-214**.  
No

I acknowledge that **I have reviewed** the eligibility criteria, disqualifying offenses and the definition of 'conviction' provided in the Texas Concealed Handgun Laws, Administrative Rules and of the Penal Code. Yes   
No

Have you had a maiden and/or alias name, different from what is listed on your application? Yes  \*If yes, please list all:  
No

**TREATMENT HISTORY INFORMATION** \* USE ADDITIONAL PAGES AS NECESSARY.

Indicate **any** history or information, of treatment and/or diagnosis received by, commitment to, or residence in:

- a drug or alcohol treatment center licensed to provide drug or alcohol treatment under the laws of this state or another state; OR
- a psychiatric hospital; OR
- a mental institution following an adjudication as a mental defective or court ordered commitment or treatment (per 18 U.S. Code § 922(g) (4)); OR
- court ordered outpatient treatment; OR
- a physician for a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability (per Texas Government Code § 411.172(d)(1)).

Date (MM/DD/YYYY)	Facility	Location (INCLUDE COUNTY AND STATE)	Final Diagnosis
/ /			
/ /			
/ /			
/ /			

Have you ever been found by a court to be incompetent by reason of **mental defect** or pled innocent by reason of **insanity**? Yes  No

**I have reviewed** the eligibility criteria provided in the Texas Concealed Handgun Laws, Administrative Rules and of the U.S. Code. Yes   
No

**DOCUMENTATION MUST BE PROVIDED FOR ALL REPORTED ITEMS**

**SUPPLEMENTAL INFORMATION** (REQUIRED WITH THIS APPLICATION)

I understand that I must submit **certified copies** of all judgments and charging instruments from the courts or a record search indicating no record was found, for **each** Criminal History item listed above. **Failure to report** an arrest or conviction may result in denial or revocation of a license based solely on the material misstatement of fact in this application. Yes   
No

I understand that I must submit a **letter from physician** for current status of treatment, for **each** Treatment History item listed. Yes  No

I verify that the information provided is true and correct, and I 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 \_\_\_\_/\_\_\_\_/\_\_\_\_