

Place
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**REGULATORY LICENSING SERVICE MSC 0245
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4087
AUSTIN TX 78773-0245**

Texas Department of Public Safety

Request for an Application to Carry a Concealed Handgun
Or to Be Certified as a Qualified Handgun Instructor

PLEASE PRINT OR TYPE. ALL INFORMATION MUST BE PROVIDED.

Check all that apply: License Application

Instructor Certification

Name: Last, First, Middle

Date of Birth: month/day/year

/ /

Driver License/State ID Number:

DL TX _____

ID TX _____

Sex:

Male

Female

Height:

ft.

in.

Weight:

lbs.

Race:

American Indian or Alaskan Native

Black

Multi-Racial

Asian or Pacific Islander

White

Other

Mailing Address:

City:

State:

_____ Zip: _____

County:

Phone, Home

(_____) _____ - _____

Business

(_____) _____ - _____