Online instruction for CFP applicants / Renewal Applicants

- 1. All applications are available online and must be completed before you apply at your local Sheriff's Office. This includes new/renewal permit applications and duplicate applications.
- 2. Completely fill out the form you intend to use, make 3 copies and take these to the Sheriff's Office in the county where you reside. If you are a new applicant be sure to include your firearms document as required in W.S. 6-8-104 (b) (vii)(A through F)
- You must include the application fee along with the application in the form of a money order or cashier's check made out to DCI or WY Attorney General's Office. We do not accept Cash, Credit Card or Personal Checks.
- 4. The fees are as follows:
 - a. New Applications DCI \$64 + Sheriff's Office \$15 (Separate Fee)
 - b. Renewal Applications before the expiration date DCI \$45 + Sheriff's Office \$5 (Separate Fee)
 - c. Renewal Applications up to 6 months after the expiration date DCI \$55 + Sheriff's Office \$5 (Separate fee)
 - d. Duplicate permit application DCI \$5.
- 5. Please consult with your local Sheriff's Office to inquire about their fees which will be separate from the DCI fees.
- 6. Once all applications are submitted to the Sheriff's Office you will be provided a copy to be taken to a Wyoming DOT Driver's Services office to have your picture taken for the permit. This must be done within 5 days of your application. Do not proceed with the picture process until you have applied at the Sheriff's Office.
 NOTE: The address that is on your WY driver's license is what will appear on your permit.
- 7. Processing times may take up to 60 90 days depending on volume. Once the permit is completed it will be sent to the Sheriff's office for distribution.
- 8. RENEWAL NOTICES WILL NOT BE SENT OUT

Questions or concerns may be directed to CFP@Wyo.gov or 307-777-5916

CONCEALED FIREARM PERMIT APPLICATION

The purpose of this form is to gather information about you to determine if you qualify, per Wyoming State Statute 6-8-104, to receive a permit to carry a concealed firearm. This information will be forwarded to the Wyoming Division of Criminal Investigation for further processing. This form is to be completed by the applicant and must be typed or printed in ink. Attach an additional page if more room is needed.

YOU MUST HAVE YOUR PHOTO TAKEN WITHIN 5 DAYS OF APPLICATION

Choose one of the following: New Permit Application		Renewal Application		
1. FULL NAME (Last, First, Middle Name)		2. DATE OF BIRTH (MM-	DD-YY)	
3. PLACE OF BIRTH (City, State, Country of Citizensl	hip)	4. SOCIAL SECURITY NU	/MBER	
5. OTHER NAMES USED [including maiden](Last, Fi	rst, MI)	FROM (MO/YR)	TO (MO/YR)	
6. PERSONAL DESCRIPTORS Sex: Male: Female: Race: Height:	Weight:	Hair Color: Eye	e Color:	
7. TELEPHONE NUMBER (Area code, then number) Home:	Work:		Ext:	
8. WYOMING RESIDENCY (minimum 6 months) Length of Residency – Years: Months:	9.	DRIVERS LICENSE NUMB	ER / STATE State:	
10. CURRENT WY PERMIT NUMBER Permit Number:	Expiration Date	Email Addres	S	
11. PERMANENT PHYSICAL ADDRESS Street Address:			.pt/Space:	
Mailing Address (If not the same as street Address) City:	State:		Apt/Space Zip Code:	
12. EMPLOYER				
Employer Name		From (MO/	YR) To (MO/YR)	
Address:	Phone Number:			
City:	State:	Z	ip Code:	
Position:	Supervisor:			

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YES NO 13. QUALIFICATIONS a. Are you under indictment or information in any court for a crime punishable by imprisonment for a term exceeding one year? b. Have you been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? . Have you been found guilty or pled nolo contendere to a crime of violence constituting a misdemeanor offence within the last 3 years? d. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? e. Are you a fugitive from justice? f. Have you been convicted of a misdemeanor violation of the Wyoming Controlled Substances Act of 1971, W.S. 35-7-1001 through 35-7-1057 or similar laws of any other state or the United States relating to controlled substances within the (1) year period prior to the date of application? g. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any controlled substance? h. Have you ever been adjudicated mentally defective or incompetent or have you ever been committed to a mental institution? Have you been discharged from the Armed Forces under dishonorable conditions? Are you an alien illegally in the United States? k. Are you a person who, having been a citizen of the United States, has renounced his/her citizenship? Do you chronically or habitually use alcoholic liquor or malt beverages to the extent that your normal faculties are impaired? m. Have you ever been involuntarily committed to a residential facility as a result of the use of alcohol within one year prior? n. Have you ever been committed to a state or federal facility for abuse of a controlled substance within one year o. Do you suffer from any physical infirmity which prevents the safe handling of a firearm? p. Have you complied with at least one of the firearm safety and proficiency requirements of W.S. 6-8-104(b)? **WARNING** EXECUTED UNDER OATH OR AFFIRMATION SUBJECT TO CRIMINAL PENALTIES

I execute this application under oath or affirmation and hereby attest that:

The above application is true and complete and to the best of my knowledge. I have been furnished a copy of W.S. 6-8-104 and I am knowledgeable of it's provisitons. I am in compliance with the criteria for issuance of a permit for concealed firearm contained in Wyoming \section=6-8-104 and promulgated rules. I understand that a materially false answer to any question or the submission of any materially false document by me may result in denial or revocation of a concealed firearm permit and subjects me to criminal prosecution.

Printed Name	
Applicant Signature	Date
Subscribed and sworn to under oath or affirmed before me by	
thisday of, 20	(Applicant)
(SEAL) My Commission Expires:	
My commission Express	Notary Public or other officer authorized to administer oaths
FOR SHERIFF'S OFFICE USE ONLY DATE APPLICATION	ON RECEIVED/PAID

copy - CHIEF OF POLICE,

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Original - DCI, copy - SHERIFF,

copy - APPLICANT (for permit picture)