Superior Court of the State of Delaware Application for a License to Carry a Concealed Deadly Weapon

Please file original and one (1) copy of all documents, together with the filing fee.

Include Two (2) 2"x 2" Current Color Official Passport Photographs. (Head Only, any other photographs will be rejected)

CCDW License #		New	Renewal Retired	d Police Officer 🗌			
County in which you a	are applying	New Castle 🗌	Kent 🗌	Sussex 🗌			
Full Name			First	Middle		Suffix	
Address			City	State	 Zip		
Phone Numbers				<u></u>			
Hom	e	المام ماماد المام ماماد	Work	Cell			
		Identify	ring Information				
Driver's License or State ID Social Secur		Social Security Num	ber	US Citizen Yes	1	No 🗌	
Date of Birth		Place of Birth (City)		Place of Birth (State)			
	Height	Weight	Eye Color	Hair Color	Race		
		Employn	nent Information				
Occupation			Employer Pho	one			
Name of Employer							
Employer Address (Place of Business) Stre	eet			State	 Zip		
		Reason for Appli	cation (Be VERY Speci	ific)			
Do you hold a permit in	another state?	Yes No No	If yes, which state?				
Have you ever been der	nied a permit?	Yes No No	If yes, which state?_	Date			
Have you ever been con	victed of any alcoh	ol related offense?	Yes No If	yes, list date(s), place(s) offense(s)	and sente	ence(s)	
1			_2				
Have you ever been convicted in this State or elsewhere of a felony or a crime of violence involving physical injury to another, whether or not armed with or having in your possession any weapon during the commission of such felony or crime of violence?							
Have you ever been committed for a mental disorder to any hospital, mental institution, or sanitarium?						No	
If yes, do you possess a certificate of a licensed medical doctor or psychiatrist that you no longer suffer from a mental disorder which interferes or handicaps you from handling deadly weapons? (If yes, attach certificate)						No	
Have you ever been convice depressant or stimulant?	ted for the unlawful	use, possession, or sa	le of a narcotic, dangerous	s drug, or central nervous system	Yes	No	
Have you ever been, as a juvenile, adjudicated as delinquent for conduct which, if committed by an adult, would constitute a felony? (A response to the question is not required if you have reached your 25th birthday)							

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET

Declaration and Affirmation of Applicant

Applicant, respectfully state that I am desirous of being licensed to carry a concealed deadly weapon, for the protection of my person or property, or both, and for the particularized need stated in this application.									
I do hereby declare and affirm unc correct to the best of my knowled I have fulfilled all requirements of connection with this application.	ge, information, and	belief; and I so indicat	te by signing below in tl	ne designated space.					
ANY FALSE INFORMATI	ON WILL BE SUFFI	CIENT GROUNDS FO	R DENIAL OF THIS AP	PLICATION.					
Wherefore, Applicant prays that the	ne Superior Court iss	ue a license pursuant	to 11 <u>Del. Code</u> § 1441.						
Simple of Applicant									
Signature of Applicant	Da	Date							
SWORN TO AND SUBSCRIBED BEFORE ME THIS		DAY OI	F	A.D.,					
	Notary Public								
	500.0								
	FOR O	FFICIAL USE ONLY							
Sent to DOJ (Date)				5 · · · · I					
Investigator Recommendation	Approved	Denied 🗌	Unrestricted 🗌	Restricted					
Remarks									
Reviewer Signature		Date							
Attorney General Recommendation	Approved 🗌	Denied 🗌	Unrestricted	Restricted					
Remarks									
Attorney General Signature		Date							
Sent to Judge (Date)									
Superior Court Recommendation	Approved 🗌	Denied	Unrestricted	Restricted					
Remarks									
Judge's Signature		Date							
CCDW Dormit #	cr	NI #	Data Mailad						