INSTRUCTIONS NEW APPLICATIONS FOR A LICENSE TO CARRY A CONCEALED DEADLY WEAPON

RETIRED DELAWARE POLICE OFFICER

In order for your application for a License to Carry A Concealed Deadly Weapon to be processed the following steps must be completed:

1) Applications may be filed at any time, but must be filed in the County you reside. You must file the original set and a complete copy of all the documents. You may hand deliver your application, or, if all the requirements are met, you may mail your application as follows:

New Castle County

Special Investigations Unit, 5th Floor Delaware Department of Justice 820 N. French Street Wilmington, DE 19801

Kent County

Kent County Prothonotary 38 The Green Dover, DE 19901

Sussex County

Sussex County Prothonotary 1 The Circle, Suite 2 Georgetown, DE 19947

- Include the statutory filing fee of \$65.00 payable to the Prothonotary, two (2) $1\frac{1}{2}$ " x $1\frac{1}{2}$ " color passport-style photographs of the applicant, taken within the six month period immediately preceding the filing of the application.
- 3) You must request a letter from the Chief of your agency verifying that you are in good standing with the law enforcement agency from which you retired. (see attached)
- 4) A Psychiatric Waiver must be filed with our application. (see attached)

If you have any questions, please contact the Prothonotary's Office.

 New Castle County
 302-255-0556

 Kent County
 302-739-3184

 Sussex County
 302-854-6959

Retired Delaware Police Office

PSYCHIATRIC WAIVER

Ι,	
Name	
affirm that I have not been committed to a retirement on	psychiatric facility since the date of my
Date	
	Signature
	Date

Joseph R. Biden, III Attorney General State of Delaware 820 N. French Street, 8th Floor Wilmington, DE 19801

Dear Mr. Biden:		
Retired Delaware Officer	is	
applying for a license to carry a concealed deadly wea	apon. Officer	
retired from on _ agency years of service.	date	after
According to the provisions of <u>Del. Code</u> , Ti following procedures have been completed:	tle 11, Chapter 5, § 1441,	the
This officer has applied for this license within	n 90 days of his/her retireme	ent.
This officer has applied for this license me years of his/her retirement and:	ore than 90 days, but withi	n 20
 the retired officer's criminal record has not been convicted of any crime greater than a v retirement and; 		
2) the retired office has no record of befacility since the date of his/her retirement. He/She stating he/she has not been committed to a psychhis/her retirement.	has forwarded a signed wa	aiver
Based upon this review, I feel he/she is cur good standing and is qualified to carry a conceaprovisions of the law. Sincer	aled deadly weapon under	
	Signature	
Title:	Ç	

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. Also attach two (2) current 1.5 x 1.5 color passport-style photographs.

CCDW License N	0.		New		Renewal	Retired Police Officer
County in which	County in which you are applying New Castle			Ker	nt 🗆	Sussex □
Full Name(Last, First, Middle, Suffix)						
Address (Street,	City, State, Zip)					
Home Phone No.			Cell F	Phone N	0.	
Driver's License or State ID #		Social Security No.				
Date of Birth		Place of Birth (City,State)	ı	US Citizen Yes □		
Sex	Height	Weight		Eye C	olor	Hair Color
Occupation				Employer's Phone No.		
Name of Employe	er					
Address of Emplo (Street, City, State, Z	oyer/Place of Busine	ess				
	cation (Be VERY sp	ecific)				
Do you hold a pe	ermit in another sta	te? Yes □ No		If yes,	which State?	
Have you ever been denied a permit? Yes □ No □ If yes, which State?						
Have you ever been convicted of any alcohol related offense? Yes □ No □						
If yes, list date(s), place(s) offense(s) and sentence(s)						
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? Yes □ No □						
Have you ever been committed for a mental disorder to any hospital, mental institution, or sanitarium? Yes No D						
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? Yes No (If yes, attach certificate)						
Have you ever been convicted for the unlawful use, possession, or sale of a narcotic, dangerous drug, or central nervous system depressant or stimulant? Yes □ No □						
Have you ever been, as a juvenile, adjudicated as delinquent for conduct which, if committed by an adult, would constitute a felony? Yes No (A response to the question is not required if you have reached your 25 th birthday.)						

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET

DECLARATION AND AFFIRMATION OF APPLICANT

I	, Applicant, respectfully state that I am desirous of
	for the protection of my person or property, or both, and
THE FOREGOING APPLICATION ARE TRUE AND CORP AND BELIEF; AND I SO INDICATE BY SIGNING BELO	THE PENALTIES OF PERJURY THAT THE CONTENTS OF RECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, W IN THE DESIGNATED SPACE. I HAVE FULFILLED ALL TRUCTED. I AGREE TO SUPPLY ANY ADDITIONAL APPLICATION.
	IT GROUNDS FOR DENIAL OF THIS APPLICATION.
Wherefore, Applicant prays that the Superior Court iss	sue a license pursuant to 11 <u>Del. Code</u> § 1441.
Signature of Applicant	Date
SWORN TO AND SUBSCRIBED BEFORE ME THIS	_ DAY OF A.D.,
Photograph of Applicant (1.5" x 1.5" square) Attach two photos	Notary Public
FOR OFFIC	TAL USE ONLY
Sent to DOJ (Date)	Sent to Judge (Date)
Investigator Recommendation Approved □ Denied □ Unrestricted □ Restricted □ Remarks	Superior Court Approved □ Denied □ Unrestricted □ Restricted □ Remarks
Reviewer Signature	Judge's Signature
	Date
Attorney General Recommendation Approved □ Denied □ Unrestricted □ Restricted □	
Remarks	CCDW Permit No.
	SBI No.

Date Mailed

AG Signature