

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 Police Officer

County in which you are applying New Castle Kent Sussex

Full Name _____
Last *First* *Middle* *Suffix*

Address _____
Street *City* *State* *Zip*

Phone Numbers _____
Home *Work* *Cell*

Identifying Information

_____ _____ US Citizen Yes No
Driver's License or State ID *Social Security Number*

_____ _____ _____
Date of Birth *Place of Birth (City)* *Place of Birth (State)*

_____ _____ _____ _____ _____
Sex *Height* *Weight* *Eye Color* *Hair Color* *Race*

Employment Information

Occupation _____ Employer Phone _____

Name of Employer _____

Employer Address _____
(Place of Business) *Street* _____ _____ _____ _____
City *State* *Zip*

Reason for Application (Be VERY Specific)

Do you hold a permit in another state? Yes No *If yes, which state?* _____

Have you ever been denied a permit? Yes No *If yes, which state?* _____ Date _____

Have you ever been convicted of any alcohol related offense? Yes No *If yes, list date(s), place(s) offense(s) and sentence(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? Yes No

Have you ever been committed for a mental disorder to any hospital, mental institution, or sanitarium? Yes 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)* Yes No

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? *(A response to the question is not required if you have reached your 25th birthday)* Yes No

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET

Declaration and Affirmation of Applicant

I _____ 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 under the penalties of perjury that the contents of the foregoing application are true and correct to the best of my knowledge, information, and belief; and I so indicate by signing below in the designated space. I have fulfilled all requirements of this application as instructed. I agree to supply any additional information needed in connection with this application.

ANY FALSE INFORMATION WILL BE SUFFICIENT GROUNDS FOR DENIAL OF THIS APPLICATION.

Wherefore, Applicant prays that the Superior Court issue a license pursuant to 11 Del. Code § 1441.

Signature of Applicant

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ A.D., _____

Notary Public

FOR OFFICIAL USE ONLY

Sent to DOJ (Date) _____

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 Permit # _____ SBI # _____ Date Mailed _____