



Concealed Carry Online Portal

# Documents you will need to upload

## **Civilian Initial application to include:**

1. Authorization to obtain health information with witness signature
2. Authorization for release of information complete with notary
3. Copy of your valid New Mexico Drivers License or Identification card
4. Copy of Birth Certificate or other required legal documents (not required if NMDL is Real ID)
5. Training Certificate from a DPS approved instructor
6. Idemia fingerprint receipt TCN (This is not the registration ID number that you get when you first register)
7. \$100 fee payable online. If choosing to pay with check, please pay at our office to reduce delays

## **Civilian Renewal application to include:**

1. Copy of valid New Mexico Driver's License or Identification Card
2. Training Certificate w/ DPS-Approved Instructor
3. \$75 fee payable online. If paying with check, please pay at our office to reduce delays

# Documents you will need to upload

## **Active Military Initial application to include:**

1. Authorization to obtain health information with witness signature
2. Authorization for release of information complete with notary
3. Copy of your valid New Mexico Drivers License or Identification card
4. One (1) passport photo if your Driver's License is not issued in New Mexico
5. Copy of Birth Certificate or other required legal documents (not required if NMDL is Real ID)
6. Copy of Military ID and PCS (Permanent Change of Station) Orders
7. Idemia fingerprint receipt TCN (This is not the Registration ID number) \$23.00
8. No fees are paid to the State for military applications

## **Active Military Renewal application to include:**

1. Copy of valid New Mexico Driver's License or Identification Card
2. Copy of Military ID or PCS (Permanent Change of Station) Orders
3. No fees are paid to the State for military applications

# Documents you will need to upload

## **Retired Military and Military Veteran Initial application to include:**

1. Authorization to obtain health information with witness signature
2. Authorization for release of information complete with notary
3. DD-214 with character of discharge (must have Honorable Discharge)
4. Copy of your valid New Mexico Drivers License or Identification card
5. Copy of Birth Certificate or other required legal documents (not required if NMDL is Real ID)
6. Idemia fingerprint receipt TCN (This is not the registration ID that you get when you first register)
7. Training Certificate w/ DPS-Approved Instructor \*if outside of 20 years of separation
8. No fees paid to the State for military applications

## **Retired military and Military Veteran Renewal application to include:**

1. Copy of valid New Mexico Driver's License or Identification Card
2. DD-214 with character of discharge (must have Honorable Discharge)
3. Training Certificate w/ DPS-Approved Instructor \*if outside of 20 years of separation
4. No fees paid to the State for military applications



# Documents you will need to upload

## **Active Law Enforcement Initial application to include:**

1. Authorization to obtain health information with witness signature
2. Authorization for release of information complete with notary
3. Copy of your valid New Mexico Drivers License or Identification card
4. Copy of Birth Certificate or other required legal documents (not required if NMDL is Real ID)
5. Gemalto fingerprint receipt TCN (This is not the registration ID that you get when you first register)
6. Agency ID
7. Certification Number
8. Letter of Good Standing
9. Copy of last qualification
10. No fees paid to the State for Law Enforcement applications

## **Active law Enforcement Renewal application to include:**

1. Copy of valid New Mexico Driver's License or Identification Card
2. Agency ID
3. Certification Number
4. Letter of Good Standing
5. No fees paid to the State for Law Enforcement applications

# Documents you will need to upload

## **Retired Law Enforcement Initial application to include:**

1. Authorization to obtain health information with witness signature
2. Authorization for release of information complete with notary
3. Copy of your valid New Mexico Drivers License or Identification card
4. Copy of Birth Certificate or other required legal documents (not required if NMDL is a Real ID)
5. Gemalto fingerprint receipt TCN (This is not the registration ID that you get when you first register)
6. Letter of Good Standing with agency ID and certification number
7. Copy of last qualification or training certificate from DPS approved instructor (if outside of 10 years)
8. No fees are paid to the State for Law Enforcement applications

## **Retired Law Enforcement Renewal application to include:**

1. Copy of valid New Mexico Driver's License or Identification Card
2. Agency ID
3. Certification Number
4. Letter of Good Standing
5. Copy of last qualification or training certificate from DPS approved instructor (if outside of 10 years)
6. No fees are paid to the State for Law Enforcement applications

# Examples of Documents

## Authorization for Release of Information Form (form must be notarized)

Type or print your name, social security number,  
and date of birth on top line



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_

NAME (MUST BE PRINTED-LEGIBLY) (SSN#) (DOB)

Alias' Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Department of Public Safety - Concealed Carry Unit

NAME OF AGENCY OR PERSON RECEIVING ARREST RECORD \_\_\_\_\_

ADDRESS: 6301 Indian School Rd. NE Suite 310, Albuquerque, NM 87110

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ Day Of \_\_\_\_\_ 20\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_

For Department of Public Safety Use Only



Sign and date with notary present

Notary services are no longer available at the  
Concealed Carry Unit office

# Examples of Documents

## Authorization to Obtain Health Information Form

Type or print your name



### NEW MEXICO DEPARTMENT OF PUBLIC SAFETY AUTHORIZATION TO OBTAIN HEALTH INFORMATION

This authorization allows the New Mexico Department of Public Safety (DPS) to obtain confidential health information about you. The authorization may be revoked by you. It will remain in effect indefinitely solely for purposes of obtaining information regarding your Concealed Handgun Carry Act application or permit. You are entitled to a copy of the completed authorization. There may be fees charged for any copying associated with this request. If you are a person with a disability and you require this authorization in an alternative format or require a special accommodation to complete this form, you may request assistance from staff at any DPS location.

Applicant Name Printed (First, Middle, Last)

1. I authorize the Department of Public Safety to obtain health information as described below.
2. I understand that any information disclosed by any provider of any kind may include information about behavioral or mental health services, and treatment for alcohol or drug/substance abuse and information obtained by the New Mexico Department of Public Safety from any other provider specifically related to the statutory purposes set out in the Concealed Handgun Carry Act at Section 29-19-1 to 29-19-13, NMSA 1978.
3. This authorization applies to any health information from any provider or any source relating to the stated purposes.
4. The health information will specifically be related to (a) adjudication of mental incompetence or any commitment to a mental institution; (b) any addiction to alcohol or controlled substances.
5. This health information shall be utilized in order to assess compliance with the purposes of the Concealed Handgun Carry Act.

#### STATEMENT OF UNDERSTANDING:

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to the New Mexico Department of Public Safety. I understand that the revocation will not apply to information that has already been obtained pursuant to this authorization. I understand that unless I revoke this authorization as stated above, this authorization will continue in full force and effect. I understand that authorizing the disclosure of this health information is voluntary. I further understand that revoking this authorization may have consequences regarding my application for a concealed handgun carry permit, or my ability to continue carrying a concealed handgun if I have already been issued a concealed handgun carry permit.

Your signature



Signature of Applicant

Date

Signature of witness  
(Anyone over the age of 18)



Signature of Witness

Date

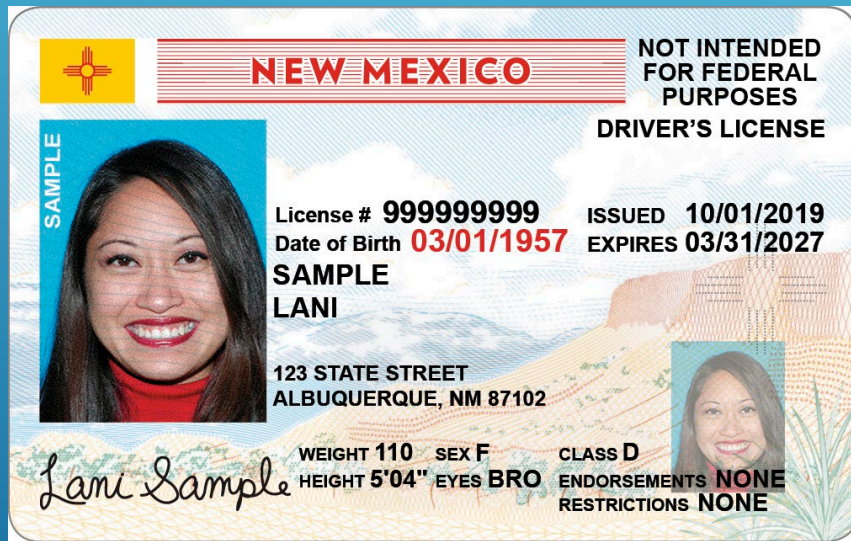


Dates of signatures  
must match



# Examples of Documents

## NM Current Driver's License and ID Card Examples



Standard  
License



Real ID with  
Gold Star



# Examples of Documents

## Birth Certificate and Permanent Resident Card

THIS DOCUMENT IS NOT AUTHENTIC UNLESS PRODUCED ON SAFETY PAPER


**CERTIFICATE OF BIRTH**  
**CERTIFICADO DE NACIMIENTO**

**STATE OF NEW MEXICO**  
DEPARTMENT OF HEALTH  
PUBLIC HEALTH DIVISION  
BUREAU OF VITAL RECORDS  
AND HEALTH STATISTICS

**ESTADO DE NUEVO MEXICO**  
DEPARTAMENTO DE SALUD  
DIVISION DE SALUD PUBLICA  
OFICINA DE REGISTROS VITALES  
Y ESTADISTICAS DE SALUD

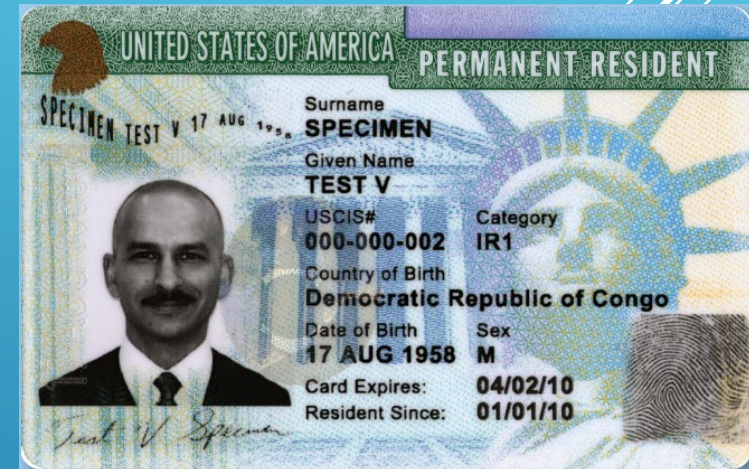
I certify that the following birth is registered in the Bureau of Vital Records and Health Statistics  
*Certifico que en la Seccion del Registro de Nacimientos a mi cargo aparece la siguiente inscripcion*

File No. <i>Numero de Archivo</i>	Request No. <i>Numero de Solicitud</i>	County of Birth <i>Condado de Nacimiento</i>
Date of Birth <i>Fecha de Nacimiento</i>	Date of Registration <i>Fecha de Inscripcion</i>	Sex <i>Sexo</i> <b>FEMALE</b>
Name of Person Registered <i>Nombre del nacido</i>	Birth Name of Mother or Parent Two <i>Nombre de Soltera de la Madre</i>	
Name of Father or Parent One <i>Nombre del Padre</i>	No.	

  
SIGNATURE OF STATE REGISTRAR  
*CELIA D. LINCOLN*  
FIRMA DEL REGISTRADOR DEL ESTADO

DO NOT DUPLICATE BY ANY MEANS

WARNING: It is illegal to alter, copy or counterfeit this certificate. • ADVERTENCIA: Es ilegal alterar, copiar o falsificar este certificado




# Examples of Documents

## Training Certificate

Verify all your information is correct

Must be signed by instructor

**NEW MEXICO  
DEPARTMENT OF PUBLIC SAFETY  
CONCEALED CARRY UNIT**

**CERTIFICATE OF SUCCESSFUL COMPLETION OF  
NEW MEXICO CONCEALED HANDGUN TRAINING COURSE**

Regular/Initial 15-hour NM CCW Course	<input checked="" type="checkbox"/>
4-Year Renewal Course	<input type="checkbox"/>
2-Year Refresher Course	<input type="checkbox"/>
Endorsement	<input type="checkbox"/>

This is to certify that:


John Smith

Has completed the approved State of New Mexico Firearms Course as indicated above, as specified in Subsection A of NMSA, 1978, Section 29-19-7, and demonstrated Handgun Competency and/or as specified in Firearms Training for Applicants and Licensees 10.8.2.15.A.(2), NMAC

Semi-Auto Firearm Information		Non-Semi-Auto Firearm Information	
Caliber:	.45	Caliber:	n/a
Score:	100%	Score:	n/a

Student Name:	John Smith	Student ID:	12345
Street Address:	123 1st Street	Date Course Completed:	1-1-2019
City, State, Zip:	Albuquerque, NM 87000	Training Location:	Mel's Shooting Range
Date of Birth:	1-1-1975	Hours of Training Completed:	15 hours

Instructor Information:

DPS Approved Primary Instructor Number:	330
Type or Print Name of Primary Instructor:	Antonio Otero
Signature of Instructor:	
Date Signed:	1-1-2019

This form must be completed (Typed or Printed Clearly) by the instructor. This form must be submitted with the initial, or renewal application for a Concealed Handgun Carry Permit, or as proof of 2-Year Refresher Training. **This form expires 90 days from Course Completion date.**

Revised 08/20/2019

# Examples of Documents

## Non-civilian additional documents

### **Veterans:**

MUST submit DD-214 with character of discharge section (member-4)

MUST have Honorable Discharge – no other type qualifies

Other forms *accepted* are:

Letter from VA stating Honorable Discharge, or certificate showing Honorable Discharge

*Not accepted* forms:

Veteran on NMDL or VA card



# Examples of Documents

## Non-civilian additional documents

Must have character of service as  
“Honorable”

Usually located on member -4

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY			
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.			
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH	
3. SOCIAL SECURITY NUMBER			
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)
7a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)	
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		b. STATION WHERE SEPARATED	
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE AMOUNT: \$ NONE	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)		12. RECORD OF SERVICE	
		a. DATE ENTERED AD THIS PERIOD	
		b. SEPARATION DATE THIS PERIOD	
		c. NET ACTIVE SERVICE THIS PERIOD	
		d. TOTAL PRIOR ACTIVE SERVICE	
		e. TOTAL PRIOR INACTIVE SERVICE	
		f. FOREIGN SERVICE	
		g. SEA SERVICE	
		h. INITIAL ENTRY TRAINING	
		i. EFFECTIVE DATE OF PAY GRADE	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)	
15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, specify date of commitment)		YES	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES NO
18. REMARKS			
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.			
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)		b. NEAREST RELATIVE (Name and address - include ZIP Code)	
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)		OFFICE OF VETERANS AFFAIRS	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		YES	NO
21. a. MEMBER SIGNATURE		b. DATE (YYYYMMDD)	22. a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)
			b. DATE (YYYYMMDD)
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (Include upgrades)	
25. SEPARATION AUTHORITY		26. SEPARATION CODE	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)		30. MEMBER REQUESTS COPY 4 (Initials)	

DD FORM 214, AUG 2009 PREVIOUS EDITION IS OBSOLETE. MEMBER - 4

ON (For use by authorized agencies only)

24. CHARACTER OF SERVICE (Include upgrades)	
26. SEPARATION CODE	27. REENTRY CODE
30. MEMBER REQUESTS COPY 4 (Initials)	

ION IS OBSOLETE. MEMBER - 4



Form with TCN is the fingerprint receipt

Actual TCN receipt form  
supplied by vendor may  
vary in appearance

Confidential and Proprietary  IDEMIA

# Examples of Documents

You cannot use fingerprints taken for other purposes such as employment or security clearance

Fingerprints assigned for the Concealed Carry Unit must have an Originating Agency Identification number “ORI” of :

NM920200Z for civilian \$59

NM920272Z for military or law enforcement \$23.00

# Where to find the online portal?

You can find the link by going to the CCW page of the New Mexico Department of Public Safety Website

<https://www.dps.nm.gov/law-enforcement-records-bureau/concealed-carry-licenses/>

## NEW ONLINE PORTAL AVAILABLE FOR CONCEALED CARRY APPLICANTS!

If you have met the requirements for a concealed carry and are ready to submit or you need to replace your current license, then click below.



Submit Application

# Where to find the online portal?

You can also use this direct link to take you to the online portal


<https://ccu.dps.nm.gov/ccu-app/login>

Welcome to the New Mexico Conceal Carry Unit Web Portal

Log In

**Username**

**Password**



Log In

Create an Account

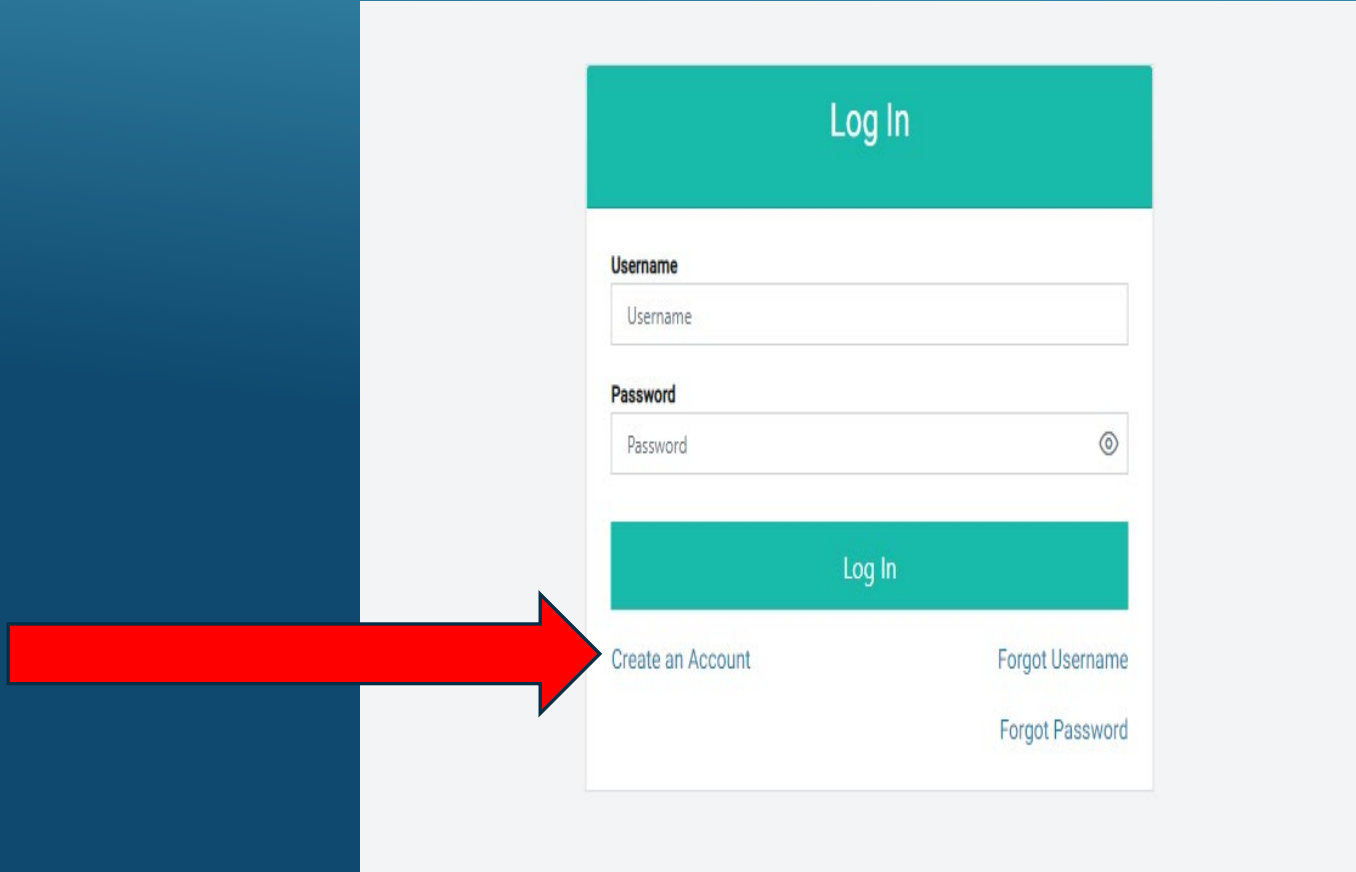
Forgot Username

Forgot Password

# Creating Your Account

The first step will be to create an account

- Click the “Create account” link



The image shows a login form with a teal header bar containing the text "Log In". Below the header, there are two input fields: "Username" and "Password". The "Password" field has a toggle icon on the right. Below the input fields is another teal bar with the text "Log In". At the bottom of the form, there are two links: "Create an Account" and "Forgot Username". A large red arrow points from the left towards the "Create an Account" link. Below the "Forgot Username" link is another link, "Forgot Password".



# Creating Your Account

## Fill out all the fields on the form

## Your password must contain:

- at least one upper case
- at least one lower case
- at least one digit (0..9)
- should contain at least one Special character (!@#\\$%^&\*~)
- must be at least 8 characters in length

- ❖ Make sure to select the license type that applies to you

The license type will determine what documents you need to upload (civilian, military, etc.)

- ❖ An email verification code will be sent to the email provided

## Welcome to the New Mexico Conceal Carry Unit Web Portal

### CCW Registration

Clear Form

Username

SteveRogers

Email

CaptainA@hotmail.com

Password

\*\*\*\*\*

Confirm Password

\*\*\*\*\*

First Name

Steve

Middle Name

C.

Last Name

Rogers

Suffix

Suffix

Social Security Number

\*\*\*\*\*

Confirm Social Security Number

\*\*\*\*\*

Date of Birth

07/04/1942

License Type

License Type

Email me a verification code

Pressing the button above, will send a message to the email address you provided with a code that you will need to enter to authenticate your information and create your account.

Already registered? [Click to Login!!](#)

# Creating Your Account

Enter verification code from email



Enter verification code

Please check your email for the verification code and enter here.

Code Verification

Create Account

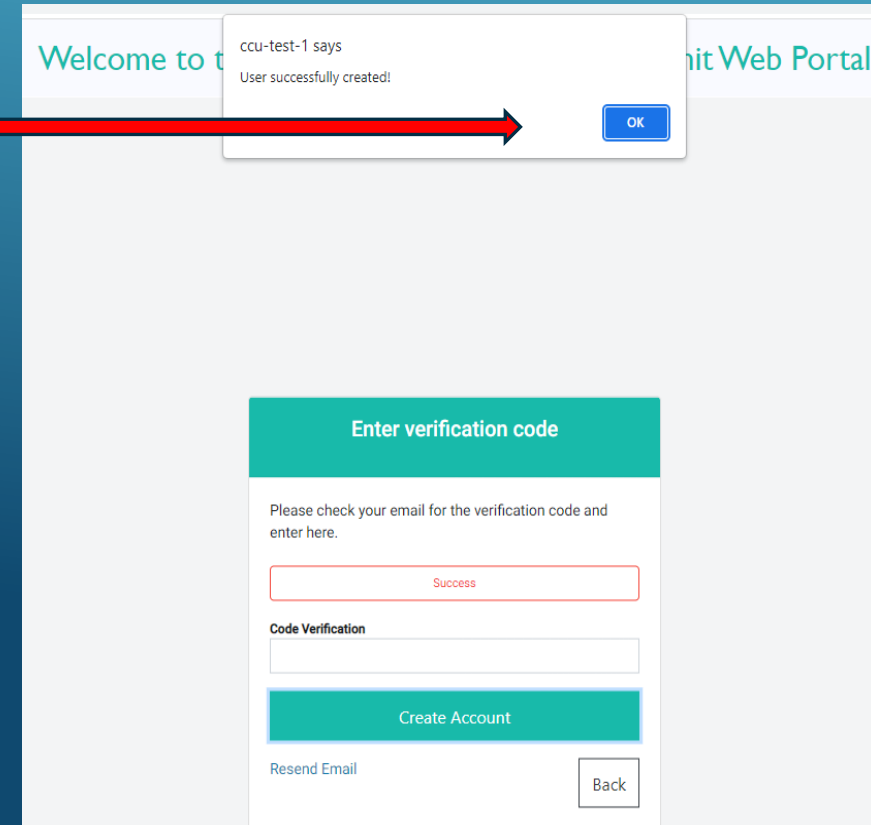
[Resend Email](#)

Back

# Creating Your Account

User has been successfully created

Click blue “OK” box to proceed



The screenshot displays a web portal interface. At the top, a green header bar contains the text "Welcome to t" on the left and "nit Web Portal" on the right. A white modal box is centered on the screen, displaying a success message: "ccu-test-1 says" followed by "User successfully created!". A blue "OK" button is located in the bottom right corner of this modal. A red arrow points from the text "Click blue “OK” box to proceed" to this button. Below the modal, there is a form titled "Enter verification code" with a teal header. The form contains the instruction "Please check your email for the verification code and enter here." followed by a red-bordered input field with the word "Success" inside. Below this is a "Code Verification" section with another input field. At the bottom of the form is a teal "Create Account" button, a "Resend Email" link, and a "Back" button.

# Submitting Your Application

Log into your account with the username and password you just created

Welcome to the New Mexico Conceal Carry Unit Web Portal

Log In

**Username**

**Password**

Log In


Create an Account

Forgot Username

Forgot Password

# Submitting Your Application

Once you login you will select the green “Apply for CCU License”



Welcome to the New Mexico Conceal Carry Unit Web Portal

[Apply for CCU License >](#)

**Personal details**

<b>Full Name</b> STEVE C ROGERS	<b>Date of Birth</b> 7/4/1942	<b>Gender</b>	<b>Mailing Address</b>
<b>Contact</b>	<b>Email Address</b> antonio.otero@dps.nm.gov		

**License details**

No License data

**Application details**

<b>Application Number</b> 2640423	<b>Application Status</b> ACTIVE	<b>Category</b> CIVILIAN	<b>Received Date</b>
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# Submitting Your Application

## Select and verify applicant type

## Fill in the details and answer questionnaire

## Don't forget to upload documents

- ❖ Only upload documents that were requested
- ❖ Any missing or incorrect documentation will result in delays

Save Application
Concealed Handgun License Application
Back

**Application Status:** New

☒ Online   
 ☐ Live Interview   
 ☐ Military

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**Applicant Details**

**Last Name**

**Date of Birth**

**SSN ID Type**  
☐ NEW AND ID   
 ☐ NEW LICENSE   
 ☐ NEW ID

**Program Type (Professional or Registration a?)**

**Sex**

**Height (ft)**

**Weight (lbs)**

**Eye Color**

**Hair Color**

**Complexion**

**Marital Status**

**Physical Address 1**

**City**

**State**

**Zip Code**

**First Name**

**Sex**

**Height (ft)**

**Weight (lbs)**

**Hair Color**

**Complexion**

**Marital Status**

**Physical Address 2**

**City**

**State**

**Zip Code**

**Middle Name**

**County of Residence**

**ID Number**

**Height (inches)**

**Weight (lbs)**

**Eye Color**

**Hair Color**

**Complexion**

**Marital Status**

**Physical Address 3**

**City**

**State**

**Zip Code**

☐ Please check this box if the reading address is same as the physical address.

**Current Phone Number**

**Alternative Phone Number**

**Email Address**

All applicants please read questions thoroughly and answer questions by checking "YES" or "NO".

1. Are you a citizen of the United States?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
2. Are you a resident of the District of Columbia or a member of the armed forces, whose permanent duty station is located in the District of Columbia or a dependent of such a member?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
3. Are you 21 years of age or older?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
4. Have you satisfactorily completed a DHS approved Firearms Safety Training Program or Recreational Training Program?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
5. Have you been convicted of a felony in the United States or any other state or jurisdiction or committed a misdemeanor offense in the United States or any other state or jurisdiction?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
6. Are you currently under indictment for a felony criminal offense in the United States or any other state or jurisdiction?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
7. Are you prohibited from possessing a firearm due to the law of any other jurisdiction from purchasing or possessing a firearm?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
8. Have you been adjudicated incompetent or committed to a mental institution?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
9. Are you prohibited from use of, or addition to, any controlled substances under federal law?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
10. Have you received a conditional discharge, a diversion or a deferred, or been convicted of, petty theft, or in violation of a law of any jurisdiction within the last 10 years?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
11. Have you, within the past 10 years, been convicted of a misdemeanor offense involving the possession or use of a controlled substance within the last 10 years immediately preceding this application?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
12. Have you been convicted of a misdemeanor offense involving the possession or use of a controlled substance within the last 10 years immediately preceding this application?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
13. Have you been convicted of a misdemeanor offense involving assault, battery, or battery against a household member?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
14. Have the past 10 years been convicted for any reason?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
15. Are you a fugitive from justice?	<input type="text" value="YES"/>	<input type="text" value="NO"/>
16. Are you an alien who is residing in the United States illegally or a former alien of the United States who has reentered unlawfully?	<input type="text" value="YES"/>	<input type="text" value="NO"/>

**Upload Files**

**ATTENTION REQUIRED FILES TO SUBMISSION SECTION**

Authorization for District Health Information complete with NOTARIES (0004747474) to pay over 100 age of 18. Download form here.	<input type="text" value="Download for this document"/> <input type="button" value="Select"/>
Authorization for Review of Information complete with NOTARIES (0004747474) to pay over 100 age of 18. Download form here.	<input type="text" value="Download for this document"/> <input type="button" value="Select"/>
Copy of valid New Mexico Driver's License or Identification Card.	<input type="text" value="Download for this document"/> <input type="button" value="Select"/>
Copy of New Mexico Driver's License or other required legal documents (not required if 0004747474 is a New Mexico).	<input type="text" value="Download for this document"/> <input type="button" value="Select"/>
Fingerprint for District or DHS Approval Instruction.	<input type="text" value="Download for this document"/> <input type="button" value="Select"/>
Executive Programmer Request (0004747474).	<input type="text" value="Download for this document"/> <input type="button" value="Select"/>

Save Application
Submit Completed Application

# Submitting Your Application

Verify information on application

Welcome to the New Mexico Conceal Carry Unit Web Portal

### Review Application

#### Applicant Details

**Application Status**  
NEW

**Application Category**  
Civilian

<b>Full Name</b> STEVE C. ROGERS	<b>Date of Birth</b> 07/04/1942	<b>Sex</b> Male	<b>County of Residency</b> BERNALILLO
<b>NM ID Type</b> NM Real Id	<b>ID Number</b> 123123123	<b>License Issue Date</b> 02/01/2023	
<b>Fingerprint TCN #</b> 1111111111	<b>Height</b> 6 ft 0 Inch	<b>Weight</b> 200 lb	
<b>Eye Color</b> Gray	<b>Hair Color</b> Blond	<b>Race</b> White	
<b>City of Birth</b> ALBUQUERQUE	<b>State of Birth</b> NM	<b>Country of Birth</b> US	
<b>Mailing Address</b> 6301 INDIAN SCHOOL RD ALBUQUERQUE NM 87110	<b>Physical Address</b> 6301 INDIAN SCHOOL RD ALBUQUERQUE NM 87110	<b>How long have you lived at the above address?</b> 2 year(s) 0 month(s)	
<b>Contact Phone Number</b> 505-841-1053	<b>Alternative Phone Number</b>	<b>Email Address</b> antonio.otero@dps.nm.gov	

1.Are you a citizen of the United States?

YES

2.Are you a resident of New Mexico OR a member of the armed forces whose permanent duty station is located in New Mexico or a dependent of such a member?

YES

3.Are you 21 years of age or older?

YES

4.Have you satisfactorily completed a DPS-Approved Firearms Safety Training Program or Renewal Training Program?

YES

5. Have you been convicted of a felony in New Mexico or any other state or pursuant to the laws of the United States or any other state or pursuant to the laws of the United States or any other jurisdiction?

NO

6.Are you currently under indictment for a felony criminal offense in New Mexico or any other state or pursuant to the laws of the United States or any other jurisdiction?

NO

7.Are you otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing a firearm?

NO

8.Have you been adjudicated incompetent or committed to a mental institution?

NO

9.Are you an unlawful user of, or addicted to, any controlled substances and/or alcohol?

NO

10.Have you received a conditional discharge, a diversion or a deferment, or been convicted of, pled guilty to, or entered a plea of nolo contendere to a misdemeanor offense involving a crime of violence within the last 10 years?

NO

11. Have you, within five years immediately preceding this application, been convicted of a misdemeanor offense involving driving while under the influence of intoxicating liquor or drugs?

NO

12.Have you been convicted of a misdemeanor offense involving the possession or abuse of a controlled substance within the last 10 years immediately preceding this application?

NO

13. Have you been convicted of a misdemeanor offense involving assault, battery, or battery against a household member?

NO

14.Since the age of 18, have you been arrested for any reason?

NO

15.Are you a fugitive from justice?

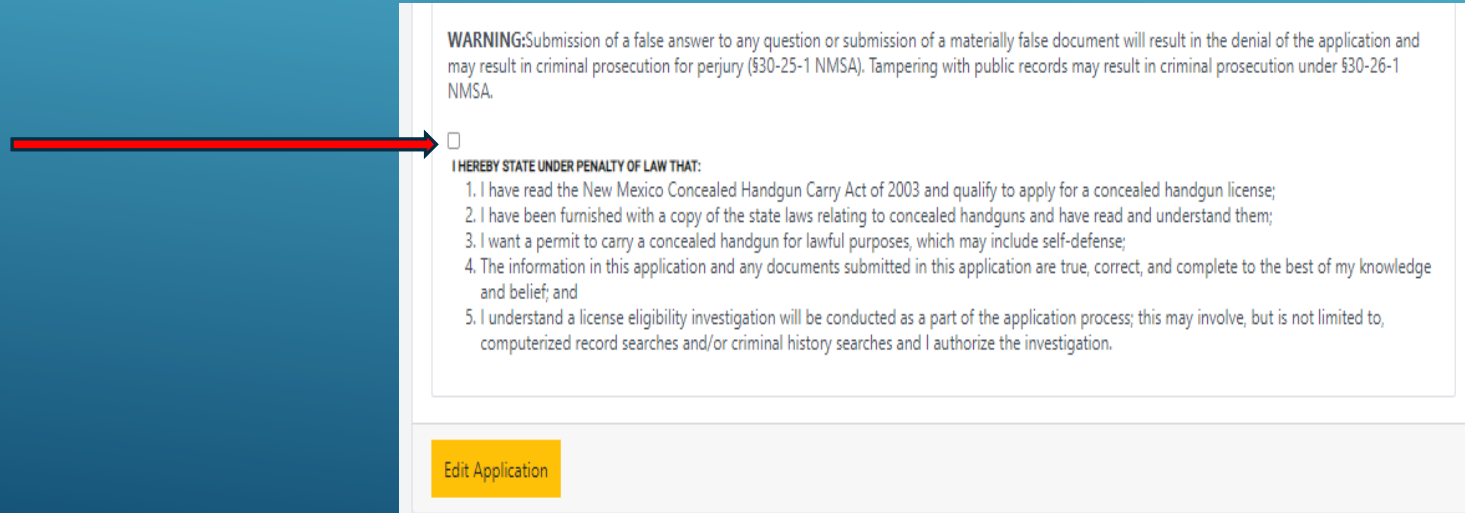
NO

16.Are you an alien who is residing in the United States illegally or a former citizen of the United States who has renounced citizenship?

NO

# Submitting Your Application

Acknowledge the penalty of law by checking box



**WARNING:**Submission of a false answer to any question or submission of a materially false document will result in the denial of the application and may result in criminal prosecution for perjury (§30-25-1 NMSA). Tampering with public records may result in criminal prosecution under §30-26-1 NMSA.

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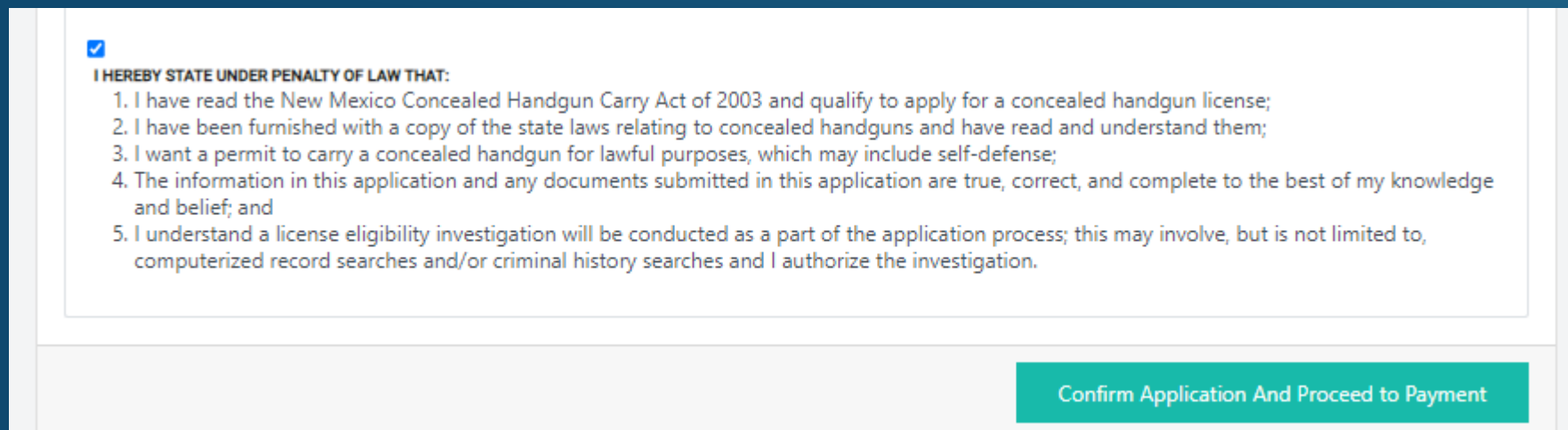
**I HEREBY STATE UNDER PENALTY OF LAW THAT:**

1. I have read the New Mexico Concealed Handgun Carry Act of 2003 and qualify to apply for a concealed handgun license;
2. I have been furnished with a copy of the state laws relating to concealed handguns and have read and understand them;
3. I want a permit to carry a concealed handgun for lawful purposes, which may include self-defense;
4. The information in this application and any documents submitted in this application are true, correct, and complete to the best of my knowledge and belief; and
5. I understand a license eligibility investigation will be conducted as a part of the application process; this may involve, but is not limited to, computerized record searches and/or criminal history searches and I authorize the investigation.

Edit Application

A red arrow points to the unchecked checkbox.

Confirm application and proceed to payment



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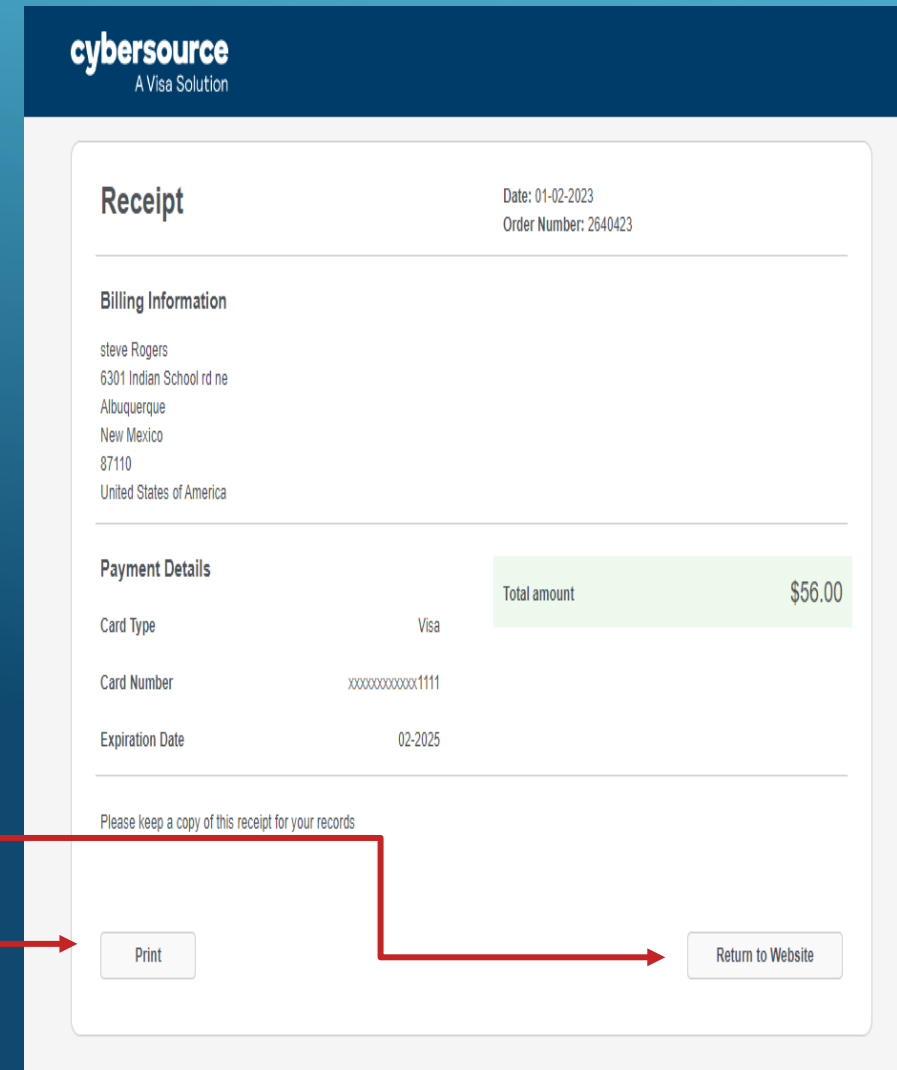
You will be directed to the payment screen

[illegible]

# Submitting Your Application

Congratulations!

Your application has been submitted



The screenshot shows a Cybersource receipt page. At the top, the Cybersource logo is displayed with the tagline 'A Visa Solution'. The receipt title 'Receipt' is on the left, and the date '01-02-2023' and order number '2640423' are on the right. Below this, the 'Billing Information' section lists the cardholder's name and address. The 'Payment Details' section shows the card type as Visa and the total amount as \$56.00. At the bottom, there are two buttons: 'Print' and 'Return to Website'. A red arrow points from the text 'You can print your receipt' to the 'Print' button. Another red arrow points from the text 'You can return to website' to the 'Return to Website' button.

**cybersource**  
A Visa Solution

**Receipt** Date: 01-02-2023  
Order Number: 2640423

**Billing Information**

steve Rogers  
6301 Indian School rd ne  
Albuquerque  
New Mexico  
87110  
United States of America

**Payment Details**

Card Type	Visa	Total amount	\$56.00
Card Number	xxxxxxxxxxxx1111		
Expiration Date	02-2025		

Please keep a copy of this receipt for your records

[Print](#) [Return to Website](#)


If you would like to check your application status  
You can return to website

You can print your receipt



# Concealed Carry Unit Contact Information

Concealed Handgun Carry Unit  
6301 Indian School Rd NE Suite 310  
Albuquerque, NM 87110  
(505) 841-8053  
[NMCC.questions@dps.nm.gov](mailto:NMCC.questions@dps.nm.gov)

Three parallel white lines of varying lengths are positioned in the bottom right corner of the slide, slanted upwards from left to right.