

**NEW MEXICO**  
**CONCEALED HANDGUN CARRY**  
**ACT OF 2003**  
**WITH RULES AND REGULATIONS**  
**AS AMENDED IN 2005, 2010, 2015, 2016 and**  
**2025**

**APPLICATION INCLUDED**



ISSUED BY

**New Mexico Department of Public Safety**  
**Law Enforcement Records Bureau**  
**Concealed Carry Unit**

6301 Indian School Road NE Suite 310  
Albuquerque, NM 87110

NMCC.Questions@dps.nm.gov

(505)841-8053

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

Booklet last updated  
Nov. 3, 2025

## Two Year Refresher Reminder

### New Mexico Concealed Handgun Carry Act

29-19-6

Appeal; license renewal; **refresher firearms training course**; suspension or revocation of License

H. A licensee shall complete a two-hour refresher firearms training course two years after the issuance of an original or renewed license. The refresher course shall be approved by the department and shall be taken twenty-two to twenty-six months after the issuance of an original or renewed license. A certificate of completion shall be submitted to the department no later than thirty days after completion of the course.

## Renewal Reminder

### New Mexico Administrative Code

10.8.2.17

**To renew a New Mexico license.**

(1) The licensee may submit the application anytime from 60 calendar days before, and until 60 days after the license expires. If the license has expired, a licensee shall not carry a concealed handgun until he or she receives a renewed license.

To renew your license you must take a 4-hour renewal course and submit an application no later than 60 days past your expiration date.

## **ATTENTION:**

To reduce delays in processing your application, please be sure that all documents that need to be notarized, witnessed, or photocopied are completed prior to your submittal of your application to the concealed carry unit.



## **FOLLOW THE CHECKLIST BELOW FOR YOUR APPROPRIATE CATEGORY BEFORE SUBMITTING YOUR APPLICATION TO THE DEPARTMENT**

### **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

#### **Documents needed for Civilian**

##### **(New/ Initial Application)**

- ☐ 2-Page Application
- ☐ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (Anyone over the age of 18)
- ☐ Authorization for Release of Information complete with NOTARY (Please have documents notarized prior to submittal of application)
- ☐ Photocopy of valid New Mexico Driver's License or Identification Card
- ☐ Photocopy of Birth Certificate or other required legal documents (Not required if NMDL is a Real ID)
- ☐ Training Certificate w/ NM DPS-Approved Instructor
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with application
- ☐ \$100 fee made payable to **NMDPS CCU**

##### **(Renewal Application)**

- ☐ 2-Page Application
- ☐ Photocopy of valid New Mexico Driver's License or Identification Card
- ☐ Training Certificate w/ NM DPS-Approved Instructor
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with your application
- ☐ \$75 fee made payable to **NMDPS CCU**

#### **Documents needed for Active Military**

##### **(New/ Initial Application)**

- ☐ 2-Page Application
- ☐ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (Anyone over the age of 18)
- ☐ Authorization for Release of Information complete with NOTARY (Please have documents notarized prior to submittal of application)
- ☐ Photocopy of valid Driver's License or Identification Card
- ☐ One (1) passport photo if your Driver's License is not issued in New Mexico
- ☐ Photocopy of Birth Certificate or other required legal documents (Not required if NMDL is a Real ID)
- ☐ Photocopy of Military ID and PCS (Permanent Change of Station) Orders
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with your application

##### **(Renewal Application)**

- ☐ 2-Page Application
- ☐ Photocopy of valid Driver's License or Identification Card
- ☐ Photocopy of Military ID and PCS (Permanent Change of Station) Orders
- ☐ One (1) passport photo if your Driver's License is not issued in New Mexico
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with your application

#### **Documents needed for Honorably Discharged Military Veteran**

##### **(New/ Initial Application)**

- ☐ 2-Page Application
- ☐ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (Anyone over the age of 18)
- ☐ Authorization for Release of Information complete with NOTARY (Please have documents notarized prior to submittal of application)
- ☐ Photocopy of valid New Mexico Driver's License or Identification Card
- ☐ Photocopy of Birth Certificate or other required legal documents (Not required if NMDL is a Real ID)
- ☐ Photocopy of DD-214 with character of discharge (Must have Honorable Discharge)  
(Letter from the VA stating honorable discharge is an acceptable alternative)
- ☐ Training Certificate w/ NM DPS-Approved Instructor \*If outside of 20 years of separation
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with your application

##### **(Renewal Application)**

- ☐ 2-Page Application
- ☐ Photocopy of valid Driver's License or Identification Card
- ☐ DD-214 with character of discharge (Must have Honorable Discharge)
- ☐ Training Certificate w/ NM DPS-Approved Instructor \*If outside of 20 years of separation
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with your application

## Documents needed for Active Law Enforcement Officer

### (New/ Initial Application)

- ☐ 2-Page Application
- ☐ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (Anyone over the age of 18)
- ☐ Authorization for Release of Information complete with NOTARY (Please have documents notarized prior to submittal of application)
- ☐ Photocopy of valid NM Driver's License or Identification Card
- ☐ Photocopy of Birth Certificate or other required legal documents (Not required if NMDL is a Real ID)
- ☐ Agency ID/ Law Enforcement Credentials
- ☐ Certification Number (If certification number was issued)
- ☐ Letter of Good Standing
- ☐ Copy of last qualification
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with your application

### (Renewal Application)

- ☐ 2-Page Application
- ☐ Photocopy of valid New Mexico Driver's License or Identification Card
- ☐ Agency ID
- ☐ Certification Number (If certification number was issued)
- ☐ Letter of Good Standing
- ☐ Photocopy of last qualification
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with your application

## Documents needed for Retired Law Enforcement Officer

### (New/ Initial Application) (Must show proof of having completed a minimum of 15 years as LEO or retired due to job related disability)

- ☐ 2-Page Application
- ☐ Authorization to Obtain Health Information complete with WITNESS SIGNATURE (Anyone over the age of 18)
- ☐ Authorization for Release of Information complete with NOTARY (Please have documents notarized prior to submittal of application)
- ☐ Photocopy of valid New Mexico Driver's License or Identification Card
- ☐ Photocopy of Birth Certificate or other required legal documents (Not required if NMDL is a Real ID)
- ☐ Letter of Good Standing with Agency ID and Certification Number (If certification number was issued)
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with your application
- ☐ Photocopy of last qualification \* If less than 10 years retired
- ☐ Training Certificate w/ NM DPS-Approved Instructor \*If more than 10 years retired

### (Renewal Application) (Must have completed a minimum of 15 years as LEO or retired due to job related disability)

- ☐ 2-Page Application
- ☐ Photocopy of valid New Mexico Driver's License or Identification Card
- ☐ Agency ID
- ☐ Certification Number (If certification number was issued)
- ☐ Letter of Good Standing
- ☐ Photocopy of last qualification \* If less than 10 years retired
- ☐ Training Certificate w/ NM DPS-Approved Instructor \*If more than 10 years retired
- ☐ Fingerprint Transaction Control Number (TCN) will be provided by Identogo and must be included with your application

## Applications can now be submitted through the Online Portal.

### NEW ONLINE PORTAL AVAILABLE FOR CONCEALED CARRY APPLICANTS!

Press the button below if:

- You have met the requirements for a concealed carry license and are ready to submit.
- You need to replace your current license.
- You want to check on your status of an existing/pending application.

Register/Log In

For more information please visit us at [WWW.DPS.NM.GOV](http://WWW.DPS.NM.GOV)

The Online portal can be found at <https://ccu.dps.nm.gov/ccu-app/login>

# Application Instructions

For a complete outline of eligibility requirements, refer to the New Mexico Concealed Handgun Carry Act of 2003 (as amended in 2005, 2010, 2015, and 2016) Section 29-19-1 through 14, NMSA 1978 and NMAC 10.8.2 included in this packet. Personal check, cashier's check, or money order should be made payable to New Mexico Department of Public Safety (NMDPS CCU). Credit/Debit cards are also accepted in person at our office in Albuquerque.

## **Applications may be mailed to:**

NMDPS Concealed Carry Unit  
6301 Indian School Rd NE Suite 310  
Albuquerque, NM 87110

Incomplete applications **will not** be processed.  
Be sure to sign and date all appropriate locations  
and provide a witness and notary signature where required.

Your fee will be deposited, and you must meet the guidelines set forth in NMAC 10.8.2.11(C)  
**Fees are non-refundable** NMSA 29-19-5(B)(2)

## **Fingerprinting Procedures for Concealed Carry License**

- Register at <https://nm.ue.state.identogo.com/ue>
- Enter Service code  
**2BH245** for civilian  
**2BH25N** for military or law enforcement
- Select "start enrollment"
- Privacy act statement
- Enter applicant information
- Schedule an appointment (Do not select to mail in fingerprint cards)
- Enter zip code and select fingerprint location
- Review info and continue to pay screen
- Print or record receipt for use at scheduled appointment
- Fingerprint location will provide a Transaction Control Number (TCN) after you are fingerprinted
  - ❖ **TCN receipts are now emailed to the applicant. Please be sure to include the TCN in your application.**

If the fingerprints are not accepted by the FBI for comparison purposes, processing of your applications may be significantly delayed, and you may be required to submit another set. You may request to have original documents returned to you by submitting this request along with a self-addressed, stamped envelope.

Additional information and updates pertaining to NM Concealed Carry are available on the NMDPS website: <http://www.dps.nm.gov>.

Check this website periodically for new and updated forms and information on recognition and reciprocity.



# New Mexico Department of Public Safety

## CONCEALED HANDGUN LICENSE APPLICATION

Read “**APPLICATION INSTRUCTIONS**” prior to completing this application.

**TYPE or PRINT LEGIBLY IN INK.**

Your application **WILL NOT** be processed unless/until all applicable questions have been answered on page 2 and all required documents have been submitted.

**Be sure to include:** IDEMIA fingerprint receipt, authorization to obtain health information form, authorization for release of information form, a current certificate of firearms training, a photocopy of your New Mexico Driver's License or Identification Card, a photocopy of your birth certificate or naturalization certificate (not required if the Driver's License is a Real ID), and payment in the form of personal check, cashier's check, money order, or credit card for the appropriate amount.

**FEES ARE NON-REFUNDABLE**

|                                                                                                                                                                                       |  |                                                                                          |         |                                                         |                                  |                      |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|----------------------------------|----------------------|-----------|
| <input type="checkbox"/> New License Application <input type="checkbox"/> Renewal Application (Expiration Date _____)    Permit Number (Not Required) _____                           |  |                                                                                          |         |                                                         |                                  |                      |           |
| <input type="checkbox"/> Civilian <input type="checkbox"/> Active Law Enforcement <input type="checkbox"/> Mounted Patrol <input type="checkbox"/> Retired LE (Retirement Date _____) |  |                                                                                          |         |                                                         |                                  |                      |           |
| <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran (Discharge Date _____) ❖ Training is required after 20 years of being discharged from service.              |  |                                                                                          |         |                                                         |                                  |                      |           |
| Last Name:                                                                                                                                                                            |  | First Name:                                                                              |         | Middle Name:                                            |                                  | County of Residency: |           |
| Social Security Number:                                                                                                                                                               |  | Fingerprint TCN:                                                                         |         | Driver's License or I.D Number:                         |                                  | DL Issue Date:       |           |
| Date of Birth: (mm-dd-yyyy)                                                                                                                                                           |  | Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X | Height: | Weight:                                                 | Eye Color:                       | Hair Color:          | Race:     |
| City of Birth:                                                                                                                                                                        |  | State of Birth:                                                                          |         |                                                         | Country of Birth other than USA: |                      |           |
| Mailing Address:                                                                                                                                                                      |  |                                                                                          |         | City:                                                   |                                  | State:               | Zip Code: |
| Physical Address (if different than above):                                                                                                                                           |  |                                                                                          |         | City:                                                   |                                  | State:               | Zip Code: |
| How long have you lived at the above address?                                                                                                                                         |  | Phone Number:                                                                            |         |                                                         | Business Phone Number:           |                      |           |
| Years                                                                                                                                                                                 |  | Months                                                                                   |         |                                                         |                                  |                      |           |
| Email Address:                                                                                                                                                                        |  |                                                                                          |         |                                                         |                                  |                      |           |
| <b>FOR OFFICE USE ONLY:</b>                                                                                                                                                           |  |                                                                                          |         |                                                         |                                  |                      |           |
| Form of Payment: <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Personal Check # _____ <input type="checkbox"/> Credit Card   |  |                                                                                          |         |                                                         |                                  |                      |           |
| Applicant Name _____                                                                                                                                                                  |  |                                                                                          |         |                                                         |                                  |                      |           |
| The Department of Public Safety acknowledges that on _____ the sum of \$ _____ was received by:                                                                                       |  |                                                                                          |         |                                                         |                                  |                      |           |
| _____<br>Signature of employee accepting application                                                                                                                                  |  |                                                                                          |         | _____<br>Printed name of employee accepting application |                                  |                      |           |

ALL APPLICANTS PLEASE READ QUESTIONS THOROUGHLY AND ANSWER QUESTIONS BY CHECKING "YES" or "NO".

|                                                                                                                                                                                                                                                | YES                              | NO                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| 1. Are you a citizen of the United States <b>OR</b> permanent resident?                                                                                                                                                                        |                                  |                                  |
| 2. Are you a resident of New Mexico<br><b>OR</b> a member of the armed forces whose permanent duty station is located in New Mexico?                                                                                                           |                                  |                                  |
| 3. Are you 21 years of age or older?                                                                                                                                                                                                           |                                  |                                  |
| 4. Have you satisfactorily completed a NM DPS-Approved Firearms Safety Training Program or Renewal Training Program?<br>(Training is not required for active military, veterans under 20 years discharged, and LE retired less than 10 years.) |                                  |                                  |
| 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?                                |                                  |                                  |
| 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?                                                                   |                                  | <input checked="" type="radio"/> |
| 7. Are you otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing firearm?                                                                                                                     |                                  |                                  |
| 8. Have you been adjudicated incompetent or committed to a mental institution?                                                                                                                                                                 |                                  |                                  |
| 9. Are you an unlawful user of, or addicted to, any controlled substances and/or alcohol?                                                                                                                                                      |                                  |                                  |
| 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?         | <input checked="" type="radio"/> | <input type="radio"/>            |
| 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?                                                   |                                  |                                  |
| 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?                                                              |                                  |                                  |
| 13. Have you been convicted of a misdemeanor offense involving assault, battery, or battery against a household member?                                                                                                                        |                                  |                                  |
| 14. Since the age of 18, have you been arrested for a disqualifying charge?<br>(Include final disposition documents with application.)                                                                                                         |                                  |                                  |
| 15. Are you a fugitive from justice?                                                                                                                                                                                                           |                                  |                                  |
| 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?                                                                                                    |                                  |                                  |

**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 (NMSA 30-25-1). Tampering with public records may result in criminal prosecution under NMSA 30-26-1.

**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 purposed, which may include self-defense;
4. The information in this application and any documents submitted in this application is 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/ criminal history searches and I authorize the investigation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



# AUTHORIZATION FOR RELEASE OF INFORMATION

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628

I \_\_\_\_\_  
NAME (MUST BE PRINTED-LEGIBLY) SSN # DOB

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

Department of Public Safety - Concealed Carry Unit 6301 Indian School Rd Suite 310, Albuquerque, NM 87110  
NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF") ADDRESS

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.

DPS USE ONLY

DPS USE ONLY

DPS USE ONLY

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

\_\_\_\_\_  
DATE

SIGNED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

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

**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 dmg/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.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

# New Mexico Department of Public Safety

## CONCEALED HANDGUN LICENSE REPLACEMENT CARD APPLICATION TYPE or PRINT LEGIBLY IN INK.

Your application will not be processed unless all application questions have been answered and all required documents have been submitted. FOR ANY LICENSE CHANGES, THE CURRENT CARD MUST BE SURRENDERED WITH APPLICATION AND \$10.00 FEE. See NMAC 10.8.2.18 and NMAC 10.8.2.19(A)(4).

### FEES ARE NON-REFUNDABLE

#### 10.8.2.19 REPLACEMENT LICENSE:

**A. Change of name address, or status:** A licensee who changes his or her name, address or law enforcement status shall file within 30 days:

- 1) an application for a replacement license on the form prescribed by the department;
- 2) if applicable, a certified copy of a legal document proving the change of name;
- 3) a nonrefundable \$10 processing fee; and
- 4) if applicable, proof of reemployment with a law enforcement agency.

**B. Loss, theft, or destruction of license:** A licensee who loses his or her license or whose license is stolen or destroyed shall file a police report within 10 days of the date the licensee discovers the loss, theft, or destruction of the license. The licensee shall not carry a concealed handgun until he or she obtains a replacement license. A licensee who seeks to replace a license that is lost, stolen, or destroyed shall file with the department:

- 1) an application for a replacement license on the form prescribed by the department;
- 2) the case number of the police report;
- 3) a notarized statement made under oath that the license was lost, stolen or destroyed; and
- 4) a nonrefundable \$10 processing fee.

The department shall issue a replacement license within 10 days of receipt of the application.

[10.8.2.19 NMAC - Rp, 10.8.2.19 NMAC, 11-30-16]

## FOLLOW THE CHECKLIST BELOW FOR YOUR APPROPRIATE CATEGORY BEFORE SUBMITTING YOUR REPLACEMENT CARD APPLICATION TO THE DEPARTMENT

### INCOMPLETE REPLACEMENT CARD APPLICATIONS WILL NOT BE ACCEPTED

#### Documents needed for a **Lost License**

- ☐ Replacement Card Application
- ☐ Notarized statement about lost license
- ☐ Copy of police report or case number
- ☐ \$10.00 Fee

#### Documents needed for a **Stolen License**

- ☐ Replacement Card Application
- ☐ Notarized statement about stolen license
- ☐ Copy of police report or case number
- ☐ \$10.00 Fee

#### Documents needed for a **Destroyed License**

- ☐ Replacement Card Application
- ☐ Notarized statement about destroyed license
- ☐ Copy of police report or case number
- ☐ \$10.00 Fee

#### Documents needed for a **Change of Address**

- ☐ Replacement Card Application
- ☐ Proof of address change  
(utility bill, lease, or NM drivers license)
- ☐ \$10.00 Fee

#### Documents needed for a **Change of Name**

- ☐ Replacement Card Application
- ☐ Name change documents
- ☐ \$10.00 Fee

#### Documents needed for an **Endorsement**

- ☐ Replacement Card Application
- ☐ Training Certificate from NM DPS-Approved Instructor
- ☐ \$10.00 Fee

# New Mexico Department of Public Safety

## CONCEALED HANDGUN LICENSE REPLACEMENT CARD APPLICATION

**TYPE or PRINT LEGIBLY IN INK.**

Your application will not be processed unless all application questions have been answered and all required documents have been submitted. FOR ANY LICENSE CHANGES there is a \$10.00 FEE.

See NMAC 10.8.2.18 and NMAC 10.8.2.19(A)(4).

**FEES ARE NON-REFUNDABLE**

|                                                                                                                                                                                                                     |                                                                                          |                      |         |                                                         |              |                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------|---------|---------------------------------------------------------|--------------|----------------|--|
| <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Name <input type="checkbox"/> Lost / Stolen / Destroyed <input type="checkbox"/> Add Endorsement <input type="checkbox"/> Other _____ |                                                                                          |                      |         |                                                         |              |                |  |
| Last Name:                                                                                                                                                                                                          |                                                                                          | First Name:          |         |                                                         | Middle Name: |                |  |
| Social Security Number:                                                                                                                                                                                             |                                                                                          | County of Residency: |         | Driver's License Number:                                |              | DL Issue Date: |  |
| Date of Birth: (mm-dd-yyyy)                                                                                                                                                                                         | Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X | Height:              | Weight: | Eye Color:                                              | Hair Color:  | Race:          |  |
| City of Birth:                                                                                                                                                                                                      |                                                                                          | State of Birth:      |         | Country of Birth other than USA:                        |              |                |  |
| Mailing Address:                                                                                                                                                                                                    |                                                                                          |                      |         | City:                                                   | State:       | Zip Code:      |  |
| Physical Address (if different than above):                                                                                                                                                                         |                                                                                          |                      |         | City:                                                   | State:       | Zip Code:      |  |
| How long have you lived at the above address?<br>Years                      Months                                                                                                                                  |                                                                                          | Home Phone Number:   |         | Business Phone Number:                                  |              |                |  |
| Email Address:                                                                                                                                                                                                      |                                                                                          |                      |         |                                                         |              |                |  |
| <b>FOR OFFICE USE</b>                                                                                                                                                                                               |                                                                                          |                      |         |                                                         |              |                |  |
| ONLY: Form of <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Personal Check # _____ <input type="checkbox"/> Credit Card                                    |                                                                                          |                      |         |                                                         |              |                |  |
| Payment:<br>Applicant Name _____                                                                                                                                                                                    |                                                                                          |                      |         |                                                         |              |                |  |
| The Department of Public Safety acknowledges that on _____ the sum of \$ _____ was received by:                                                                                                                     |                                                                                          |                      |         |                                                         |              |                |  |
| _____<br>Signature of employee accepting application                                                                                                                                                                |                                                                                          |                      |         | _____<br>Printed name of employee accepting application |              |                |  |

**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 (NMSA 30-25-1). Tampering with public records may result in criminal prosecution under NMSA 30-26-1.

**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 purposed, which may include self-defense;
4. The information in this application and any documents submitted in this application is 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/ criminal history searches and I authorize the investigation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# NEW MEXICO CONCEALED HANDGUN CARRY ACT OF 2003 CHAPTER 29 Law Enforcement ARTICLE 19 Concealed Handgun Carry

| Sec.                                                                                                                | Sec.                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 29-19-1. Short title.                                                                                               | 29-19-7. Demonstration of ability and knowledge; course requirement; proprietary interest; exemptions. |
| 29-19-2. Definitions.                                                                                               | 29-19-8. Limitation on license.                                                                        |
| 29-19-3. Date of licensure; period of licensure.                                                                    | 29-19-9. Possession of license.                                                                        |
| 29-19-4. Applicant qualifications.                                                                                  | 29-19-10. Validity of license on tribal land.                                                          |
| 29-19-5. Application form; screening of applicants; fee; limitations on liability.                                  | 29-19-11. Validity of license in a courthouse or court facility.                                       |
| 29-19-6. Department response to application; right to appeal; license renewal; suspension or revocation of license. | 29-19-12. Rules; department to administer.                                                             |
|                                                                                                                     | 29-19-13. Fund created.                                                                                |
|                                                                                                                     | 29-19-14. Current and retired law enforcement officers.                                                |
|                                                                                                                     | 29-19-15. Military service persons – Requirements                                                      |

## 29-19-1. Short title.

Chapter 29, Article 19 NMSA 1978 may be cited as the “Concealed Handgun Carry Act”.

(History: Laws 2003, ch. 255, § 1; 2005, ch. 242, § 1.)

## 29-19-2. Definitions.

As used in the Concealed Handgun Carry Act [29-19-1 NMSA 1978]:

- A. “applicant” means a person seeking a license to carry a concealed handgun;
- B. “caliber” means the diameter of the bore of a handgun;
- C. “category” means whether a handgun is semiautomatic or not semiautomatic;
- D. “concealed handgun” means a loaded handgun that is not visible to the ordinary observations of a reasonable person;
- E. “department” means the department of public safety;
- F. “handgun” means a firearm that will, is designed to or may readily be converted to expel a projectile by the action of an explosion and the barrel length of which, not including a revolving, detachable or magazine breech, does not exceed twelve inches; and
- G. “licensee” means a person holding a valid concealed handgun license issued to him by the department.

(History: Laws 2003, ch. 255, § 2.)

## 29-19-3. Date of licensure; period of licensure.

Effective January 1, 2004, the department is authorized to issue concealed handgun licenses to qualified applicants. Original and renewed concealed handgun licenses shall be valid for a period of four years from the date of issuance, unless the license is suspended or revoked.

(History: Laws 2003, ch. 255, § 3; 2005, ch. 242, § 2.)

## 29-19-4. Applicant qualifications.

- A. The department shall issue a concealed handgun license to an applicant who:
- (1) is a citizen of the United States;
  - (2) is a resident of New Mexico or is a member of the armed forces whose permanent duty station is located in New Mexico or is a dependent of such a member;
  - (3) is twenty-one years of age or older;
  - (4) is not a fugitive from justice;
  - (5) has not been convicted of a felony in New Mexico or any other state or pursuant to the laws of the United States or any other jurisdiction;
  - (6) is not 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;
  - (7) is not otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing a firearm;
  - (8) has not been adjudicated mentally incompetent or committed to a mental institution;
  - (9) is not addicted to alcohol or controlled substances; and
  - (10) has satisfactorily completed a firearms training course approved by the department for the category and the largest caliber of handgun that the applicant wants to be licensed to carry as a concealed handgun.
- B. The department shall deny a concealed handgun license to an applicant who has:
- (1) received a conditional discharge, a diversion or a deferment or has been convicted of, pled guilty to or entered a plea of nolo contendere to a misdemeanor offense involving a crime of violence within ten years immediately preceding the application;
  - (2) been convicted of a misdemeanor offense involving driving while under the influence of intoxicating liquor or drugs within five years immediately preceding the application for a concealed handgun license;
  - (3) been convicted of a misdemeanor offense involving the possession or abuse of a controlled substance within ten years immediately preceding the application; or
  - (4) been convicted of a misdemeanor offense involving assault, battery or battery against a household member.
- C. Firearms training course instructors who are approved by the department shall not be required to complete a firearms training course pursuant to Paragraph (10) of Subsection A of this section.

(History: Laws 2003, ch. 255, § 4; 2005, ch. 242, § 3.)

## 29-19-5. Application form; screening of applicants; fee; limitations on liability.

- A. Effective July 1, 2003, applications for concealed handgun licenses shall be made readily available at locations designated by the department. Applications for concealed handgun licenses shall be completed, under penalty of perjury, on a form designed and provided by the department and shall include:
- (1) the applicant's name, current address, date of birth, place of birth, social security number, height, weight, gender, hair color, eye color and driver's license number or other state-issued identification number;
  - (2) a statement that the applicant is aware of, understands and is in compliance with the requirements for licensure set forth in the Concealed Handgun Carry Act [29-19-1 NMSA 1978];
  - (3) a statement that the applicant has been furnished a copy of the Concealed Handgun Carry Act [29-19-1 NMSA 1978] and is knowledgeable of its provisions; and
  - (4) a conspicuous warning that the application form is executed under penalty of perjury and that a materially false answer or the submission of a materially false document to the department may result in denial or revocation of a concealed handgun license and may subject the applicant to criminal prosecution for perjury as provided in Section 30-25-1 NMSA 1978.
- B. The applicant shall submit to the department:
- (1) a completed application form;

- (2) a nonrefundable application fee in an amount not to exceed one hundred dollars (\$100);
  - (3) two full sets of fingerprints;
  - (4) a certified copy of a certificate of completion for a firearms training course approved by the department;
  - (5) two color photographs of the applicant;
  - (6) a certified copy of a birth certificate or proof of United States citizenship, if the applicant was not born in the United States; and
  - (7) proof of residency in New Mexico.
- C. A law enforcement agency may fingerprint an applicant and may charge a reasonable fee.
- D. Upon receipt of the items listed in Subsection B of this section, the department shall make a reasonable effort to determine if an applicant is qualified to receive a concealed handgun license. The department shall conduct an appropriate check of available records and shall forward the applicant's fingerprints to the federal bureau of investigation for a national criminal background check. The department shall comply with the license-issuing requirements set forth in Section 29-19-7 NMSA 1978. However, the department shall suspend or revoke a license if the department receives information that would disqualify an applicant from receiving a concealed handgun license after the thirty-day time period has elapsed.
- E. A state or local government agency shall comply with a request from the department pursuant to the Concealed Handgun Carry Act [29-19-1 NMSA 1978] within thirty days of the request.

(History: Laws 2003, ch. 255, § 5; 2005, ch. 242, § 4.)

29-19-6. Appeal; license renewal; refresher firearms training course; suspension or revocation of license.

- A. Pursuant to rules adopted by the department, the department, within thirty days after receiving a completed application for a concealed handgun license and the results of a national criminal background check on the applicant, shall:
- (1) issue a concealed handgun license to an applicant; or
  - (2) deny the application on the grounds that the applicant failed to qualify for a concealed handgun license pursuant to the provisions of the Concealed Handgun Carry Act [29-19-1 NMSA 1978].
- B. Information relating to an applicant or to a licensee received by the department or any other law enforcement agency is confidential and exempt from public disclosure unless an order to disclose information is issued by a court of competent jurisdiction. The information shall be made available by the department to a state or local law enforcement agency upon request by the agency.
- C. A concealed handgun license issued by the department shall include:
- (1) a color photograph of the licensee;
  - (2) the licensee's name, address and date of birth;
  - (3) the expiration date of the concealed handgun license; and
  - (4) the category and the largest caliber of handgun that the licensee is licensed to carry, with a statement that the licensee is licensed to carry smaller caliber handguns but shall carry only one concealed handgun at any given time.
- D. A licensee shall notify the department within thirty days regarding a change of the licensee's name or permanent address. A licensee shall notify the department within ten days if the licensee's concealed handgun license is lost, stolen or destroyed.
- E. If a concealed handgun license is lost, stolen or destroyed, the license is invalid, and the licensee may obtain a duplicate license by furnishing the department a notarized statement that the original license was lost, stolen or destroyed and paying a reasonable fee. If the license is lost or stolen, the licensee shall file a police report with a local law enforcement agency and include the police case number in the notarized statement.
- F. A licensee may renew a concealed handgun license by submitting to the department:
- (1) a completed renewal form, under penalty of perjury, designed and provided by the department;
  - (2) a payment of a seventy-five-dollar (\$75.00) renewal fee; and

- (3) a certificate of completion of a four-hour refresher firearms training course approved by the department.
- G. The department shall conduct a national criminal record check of a licensee seeking to renew a license. A concealed handgun license shall not be renewed more than sixty days after it has expired. A licensee who fails to renew a concealed handgun license within sixty days after it has expired may apply for a new concealed handgun license pursuant to the provisions of the Concealed Handgun Carry Act [29-19-1 NMSA 1978].
- H. A licensee shall complete a two-hour refresher firearms training course two years after the issuance of an original or renewed license. The refresher course shall be approved by the department and shall be taken twenty-two to twenty-six months after the issuance of an original or renewed license. A certificate of completion shall be submitted to the department no later than thirty days after completion of the course.
- I. The department shall suspend or revoke a concealed handgun license if:
  - (1) the licensee provided the department with false information on the application form or renewal form for a concealed handgun license;
  - (2) the licensee did not satisfy the criteria for issuance of a concealed handgun license at the time the license was issued; or
  - (3) subsequent to receiving a concealed handgun license, the licensee violated a provision of the Concealed Handgun Carry Act [29-19-1 NMSA 1978].

(History: Laws 2003, ch. 255, § 6; 2005, ch. 242, § 5.)

29-19-7. Demonstration of ability and knowledge; course requirement; proprietary interest; exemptions.

- A. The department shall prepare and publish minimum standards for approved firearms training courses that teach competency with handguns. A firearms training course shall include classroom instruction and range instruction and an actual demonstration by the applicant of his ability to safely use a handgun. An applicant shall not be licensed unless he demonstrates, at a minimum, his ability to use a handgun of .32 caliber. An approved firearms training course shall be a course that is certified or sponsored by a federal or state law enforcement agency, a college, a firearms training school or a nationally recognized organization, approved by the department, that customarily offers firearms training. The firearms training course shall be not less than fifteen hours in length and shall provide instruction regarding:
  - (1) knowledge of and safe handling of single and double-action revolvers and semiautomatic handguns;
  - (2) safe storage of handguns and child safety;
  - (3) safe handgun shooting fundamentals;
  - (4) live shooting of a handgun on a firing range;
  - (5) identification of ways to develop and maintain handgun shooting skills;
  - (6) federal, state and local criminal and civil laws pertaining to the purchase, ownership, transportation, use and possession of handguns;
  - (7) techniques for avoiding a criminal attack and how to control a violent confrontation; and
  - (8) techniques for nonviolent dispute resolution.
- B. Every instructor of an approved firearms training course shall annually file a copy of the course description and proof of certification with the department.

(History: Laws 2003, ch. 255, § 7.)

29-19-8. Limitation on license.

- A. Nothing in the Concealed Handgun Carry Act [29-19-1 NMSA 1978] shall be construed as allowing a licensee in possession of a valid concealed handgun license to carry a concealed handgun into or on premises where to do so would be in violation of state or federal law.
- B. Nothing in the Concealed Handgun Carry Act [29-19-1 NMSA 1978] shall be construed as allowing a licensee in possession of a valid concealed handgun license to carry a concealed handgun on school premises, as provided in Section 30-7-2.1 NMSA 1978.

- C. Nothing in the Concealed Handgun Carry Act [29-19-1 NMSA 1978] shall be construed as allowing a licensee in possession of a valid concealed handgun license to carry a concealed handgun on the premises of a preschool.

(History: Laws 2003, ch. 255, § 8.)

29-19-9. Possession of license.

A licensee shall have his concealed handgun license in his possession at all times while carrying a concealed handgun.

(History: Laws 2003, ch. 255, § 9.)

29-19-10. Validity of license on tribal land.

A concealed handgun license shall not be valid on tribal land, unless authorized by the governing body of an Indian nation, tribe or pueblo.

(History: Laws 2003, ch. 255, § 10.)

29-19-11. Validity of license in a courthouse or court facility.

A concealed handgun license shall not be valid in a courthouse or court facility, unless authorized by the presiding judicial officer for that courthouse or court facility.

(History: Laws 2003, ch. 255, § 11.)

29-19-12. Rules; department to administer; reciprocal agreements with other states.

The department shall promulgate rules necessary to implement the provisions of the Concealed Handgun Carry Act [29-19-1 NMSA 1978]. The rules shall include:

- A. grounds for the suspension and revocation of concealed handgun licenses issued pursuant to the provisions of the Concealed Handgun Carry Act [29-19-1 NMSA 1978];
- B. provision of authority for a law enforcement officer to confiscate a concealed handgun license when a licensee violates the provisions of the Concealed Handgun Carry Act [29-19-1 NMSA 1978];
- C. provision of authority for a private property owner to disallow the carrying of a concealed handgun on the owner's property;
- D. creation of a sequential numbering system for all concealed handgun licenses issued by the department and display of numbers on issued concealed handgun licenses; and
- E. provision of discretionary state authority for the transfer, recognition or reciprocity of a concealed handgun license issued by another state if the issuing authority for the other state:
  - (1) includes provisions at least as stringent as or substantially similar to the Concealed Handgun Carry Act [29-19-1 NMSA 1978];
  - (2) issues a license or permit with an expiration date printed on the license or permit;
  - (3) is available to verify the license or permit status for law enforcement purposes within three business days of a request for verification;
  - (4) has disqualification, suspension and revocation requirements for a concealed handgun license or permit; and
  - (5) requires that an applicant for a concealed handgun license or permit:
    - (a) submit to a national criminal history record check;
    - (b) not be prohibited from possessing firearms pursuant to federal or state law; and
    - (c) satisfactorily complete a firearms safety program that covers deadly force issues, weapons care and maintenance, safe handling and storage of firearms and marksmanship.

(History: Laws 2003, ch. 255, § 12; 2005, ch. 242, § 6.)

29-19-13. Fund created.

- A. The "concealed handgun carry fund" is created in the state treasury.
- B. All money received by the department pursuant to the provisions of the Concealed

Handgun Carry Act [29-19-1 NMSA 1978] shall be deposited by the state treasurer for credit to the concealed handgun carry fund. The state treasurer shall invest the fund as all other state funds are invested, and income from the investment of the fund shall be credited to the fund. Balances remaining at the end of any fiscal year shall not revert to the general fund and may be used to maintain the state's criminal history database.

- C. Money in the concealed handgun carry fund is appropriated to the department to carry out the provisions of the Concealed Handgun Carry Act [29-19-1 NMSA 1978].

(History: Laws 2003, ch. 255, § 13)

**29-19-14. Current and retired law enforcement officers and New Mexico Mounted Patrol Members.**

- A. An application fee, a renewal fee and a firearms training course are not required for an applicant or licensee who is:
  - (1) a current or retired certified law enforcement officer pursuant to the Law Enforcement Training Act; or
  - (2) a current member of the New Mexico mounted patrol who has successfully completed a law enforcement academy basic law enforcement training program for New Mexico mounted patrol members pursuant to Section 29-6-4.1 NMSA 1978.
- B. A law enforcement officer or New Mexico mounted patrol member shall submit to the department two full sets of fingerprints and a color photograph of the law enforcement officer or New Mexico mounted patrol member. The department shall conduct an appropriate check of available records and shall forward the fingerprints to the federal bureau of investigation for a national criminal background check.
- C. A retired law enforcement officer is not required to submit an application fee or a renewal fee if:
  - (1) the officer was a certified law enforcement officer pursuant to the Law Enforcement Training Act for at least fifteen years prior to retirement; and
  - (2) the retirement is in good standing as shown by a letter from the agency from which the officer retired.
- D. A retired law enforcement officer who has been retired ten years or less is not required to complete a firearms training course.
- E. A retired law enforcement officer who has been retired for more than ten years shall be required to complete a firearms training course. The officer shall be allowed to attend any local law enforcement agency's firearms qualification course; provided that the officer supplies the officer's own ammunition, handgun, targets and range equipment. A local law enforcement agency shall not be liable under the Tort Claims Act for providing a firearms training course to a retired law enforcement officer pursuant to this subsection.
- F. A retired law enforcement officer's concealed handgun license shall have printed on the license "retired police officer" and shall be valid for a period of five years.

**29-19-15. MILITARY SERVICE PERSONS – REQUIREMENTS –**

- A. For a concealed handgun license applicant or licensee who submits with a concealed handgun license application documentation satisfactory to the department that the applicant is a military service person as defined in Subsection E of this section, an application fee or renewal fee is not required. For a military service person discharged from military service within twenty years of the application for a license or renewal of a license, a firearms training course or refresher firearms training course is not required.
- B. A military service person shall submit to the department two full sets of fingerprints and a color photograph of the military service person. The department shall conduct an appropriate check of available records and shall forward the fingerprints to the federal bureau of investigation for a national criminal background check.
- C. A military service person's concealed handgun carry license shall have printed on the license 'military service person' and shall be valid for a period of five years.

- D. The department shall suspend or revoke a military service person's concealed handgun license if:
  - (1) the military service person provided the department with false information on the application form or renewal form;
  - (2) the military service person did not satisfy the criteria for issuance of a concealed handgun license at the time the license was issued; or
  - (3) subsequent to receiving a concealed handgun license, the military service person violated a provision of the Concealed Handgun Carry Act.
- E. As used in this section, "military service person" means a person who was accepted into the United States armed forces and:
  - (1) is on active duty with the United States armed forces;
  - (2) is on reserve or guard duty with the United States armed forces; or
  - (3) is a veteran or a retiree who received an honorable discharge as indicated on a United States department of defense form 214.

(History: Laws 2005, ch. 242, § 7.)

**The official text of 10.8.2 NMAC — Carrying Concealed Handguns is published in the New Mexico Register and codified on the State Records Center and Archives (SRCA) website. To view the current rule, visit the New Mexico Department of Public Safety website. Under the Concealed Carry Licenses section, go to Important Forms, and follow the link to the New Mexico Administrative Code (NMAC) Title 10 — Public Safety and Law Enforcement. Then, select Chapter 8 — Weapons and Explosives.**

