Superior Court of the State of Delaware

Application for a License to Carry a Concealed Deadly Weapon

		-	ther with the filing fee.			
Include Two (2) 2"x 2" Curre	nt Color Official Passpo	rt Photographs. (Head C	Dnly, any other photographs will be r	ejected)		
CCDW License #	New 🗌	Renewal 🗌 Retired	d Police Officer 🗌			
County in which you are applying	New Castle	Kent 🗌	Sussex 🗌			
Full Name		First	Middle	Suffix		
Address		City	State	Zip		
Phone Numbers						
Ноте	Identify	<i>Work</i> ing Information	Cell			
	identity	ing information	_	· · · · · · · · · · · · · · · · · · ·		
Driver's License or State ID	Social Security Num	ber	US Citizen Yes	No 🗌		
Date of Birth	Place of Birth (City)		Place of Birth (State)			
Sex Height	Weight	Eye Color	Hair Color	Race		
	Employm	nent Information				
Occupation		Employer Pho	one			
Name of Employer						
Employer Address		City	State	Zip		
	Reason for Applie	cation (Be VERY Spec	ific)			
Do you hold a permit in another state?	Yes 🗌 No 🗌	If yes, which state?				
Have you ever been denied a permit? Yes No If yes, which state? Date						
Have you ever been convicted of any al 1			^s yes, list date(s), place(s) offense(s)			
Have you ever been convicted in this State of whether or not armed with or having in you	or elsewhere of a felony o	r a crime of violence invol	ving physical injury to another,	Yes No		
Have you ever been committed for a menta	l disorder to any hospital,	mental institution, or sar	itarium?	Yes No		
If yes, do you possess a certificate of a licen which interferes or handicaps you from han			er suffer from a mental disorder	Yes No		
Have you ever been convicted for the unlaw depressant or stimulant?			s drug, or central nervous system	Yes No		
Have you ever been, as a juvenile, adjudicated as delinquent for conduct which, if committed by an adult, would constitute a felony? (A response to the question is not required if you have reached your 25 th birthday)						

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET

Declaration and Affirmation of Applicant

Applicant, respectfully state that I am desirous of being licensed to carry a concealed deadly weapon, for the protection of my person or property, or both, and for the particularized need stated in this application.

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

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

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

Signature of Applicant			Date				
SWORN TO AND SUBSCRIBED BEFORE ME THIS		DAY	DAY OF				
		Notor	y Public				
		Notar	y Public				
FOR OFFICIAL USE ONLY							
Sent to DOJ (Date)							
Investigator Recommendation	Approved 🗌	Denied 🗌	Unrestricted	Restricted 🗌			
Remarks							
Reviewer Signature		Date					
Attorney General Recommendation	Approved 🗌	Denied 🗌	Unrestricted	Restricted 🗌			
Remarks							
Attorney General Signature		Date					
Sent to Judge (Date)							
	Approved 🗌	Denied 🗌	Unrestricted 🗌	Restricted			
Remarks							
Judge's Signature		Date					
CCDW Permit #		5BI #	Date Mailed				