



Texas Department of Public Safety
Regulatory Services Division

Mail to: Regulatory Services Division
MSC 0245 Texas Department of Public Safety
P.O. Box 15888
Austin, Texas 78761-5888

Touplod your supporting documents please visit RSD secured website:
<http://www.dps.texas.gov/rsd/contact/ltcatt.aspx>

FOR DPS USE ONLY

**HANDGUN LICENSING
RENEWAL APPLICATION**

- MUST USE MOST **CURRENT** FORM
- **TYPED** PREFERRED OR **PRINT** CLEARLY

APPLICANT NOTE: Name must match the name on DL/ID

I am renewing Handgun License Number _____

What is the expiration date of the license you are renewing? _____ (MM/DD/YYYY)
(NOTE: LICENSES MAY BE RENEWED NO MORE THAN 6 MONTHS PRIOR TO EXPIRATION AND NO LATER THAN ONE YEAR AFTER EXPIRATION)

Last Name	First Name	Middle Name	Suffix (IF ANY)
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<input type="radio"/> Driver License <input type="radio"/> ID Card	DL / ID State (2-LETTER CODE)	DL / ID Number	Date of Birth (MM/DD/YYYY)
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PERSONAL IDENTIFIERS

Gender <input type="radio"/> Male <input type="radio"/> Female	Race <input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Black <input type="radio"/> White/Hispanic <input type="radio"/> Other/Unknown	Hair (*MATCH DL/ID) <input type="radio"/> Bald/Unknown <input type="radio"/> Black <input type="radio"/> Blonde/Strawberry <input type="radio"/> Brown <input type="radio"/> Gray/Partially <input type="radio"/> Red/Auburn <input type="radio"/> Sandy <input type="radio"/> White	Eyes (*MATCH DL/ID) <input type="radio"/> Black <input type="radio"/> Hazel <input type="radio"/> Blue <input type="radio"/> Maroon <input type="radio"/> Brown <input type="radio"/> Multicolor <input type="radio"/> Green <input type="radio"/> Pink <input type="radio"/> Gray <input type="radio"/> Unknown
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City of Birth	State (2-LETTER CODE)	Country	Born outside the U.S. <input type="radio"/> Yes or U.S. Territory? <input type="radio"/> No	*If YES, attach lawful presence unexpired documentation.
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CONTACT INFORMATION

Residence Address (Cannot be a PO Box)	City	State (2-LETTER CODE)	ZIP Code	County
Mailing Address (If different from Residence Address)	City	State (2-LETTER CODE)	ZIP Code	County

Phone Type <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Office	Number
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Phone Type <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Office	Number
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Applicant Email
(ONLY FOR CONTACT PURPOSES REGARDING THIS APPLICATION)

APPLICATION CONDITION

<input type="radio"/> Standard - \$40	<input type="radio"/> Active Peace Officer - \$0	<input type="radio"/> Retired Special Ranger of the Texas and Southwestern Cattle Raisers Association - \$0
<input type="radio"/> Senior Citizen (60+) - \$35	<input type="radio"/> Active Railroad Peace Officer - \$0	<input type="radio"/> Retired Federal Officer - \$0
<input type="radio"/> Juvenile Probation Officer - \$25	<input type="radio"/> Active Special Ranger of the Texas and Southwestern Cattle Raisers Association - \$0	<input type="radio"/> Former Reserve Law Enforcement Officers - \$25
<input type="radio"/> Supervision Officer - \$25	<input type="radio"/> State Correctional Officer (Texas Dept. of Criminal Justice) - \$0	<input type="radio"/> Active Judge - \$25
<input type="radio"/> Indigent - \$35	<input type="radio"/> County Jailer - \$0	<input type="radio"/> Felony Prosecutor - \$0
<input type="radio"/> Active Military - \$0	<input type="radio"/> Honorably Retired Texas Peace Officer - \$0	<input type="radio"/> Other Prosecutor - \$40
<input type="radio"/> Active Texas Military - \$0	<input type="radio"/> Retired Railroad Peace Officer - \$0	<input type="radio"/> Retired Judge - \$25
<input type="radio"/> Veteran - \$25		

REPORTED HISTORY

Have you ever been treated or admitted to a facility for drug, alcohol or psychiatric care; been diagnosed as suffering from a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control or intellectual ability; pleaded innocent by reason of insanity; been found mentally incompetent; had court-ordered outpatient treatment?	<input type="radio"/> Yes <input type="radio"/> No	*If YES, please complete and attach LTC-77C.
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I understand all fees submitted to Handgun Licensing are **non-refundable** and **non-transferable**.

I verify the information provided is true and correct, and I understand this is an **official government record** and any false statement made on this document or any other supplement provided to DPS may result in **criminal prosecution**.

I wish to contribute to the Texas Veterans' Assistance Fund: Yes No Amount: \$ _____ (Whole dollar amount only. Please include the donation with your application fee.)

Applicant Signature _____ Date _____ (MM/DD/YYYY)
(You may copy and paste a scanned .jpg or pdf of your signature)

RENEWAL APPLICATION INSTRUCTIONS

NOTE: Name must match the name on DL/ID

Application Fee:

- Acceptable forms of payment: Money Order, Personal Check, and Cashier's Check

Required documents to complete and submit for any condition of license applied for:

- LTC-85: Authorization for Release of Records must be signed and notarized.
- LTC-86: Knowledge of Laws and Eligibility Affidavit must be signed and notarized.
- Applicants who are born out of country, must provide unexpired lawful presence documents, i.e. Certificate of Naturalization, Permanent Resident Card, US Passport, etc.

Privacy Policy

(1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.