## HANDGUN LICENSING



To upload your supporting documents please visit RSD secured website: <a href="http://www.dps.texas.gov/rsd/contact/ltcatt.aspx">http://www.dps.texas.gov/rsd/contact/ltcatt.aspx</a>

## REPORTED HISTORY FORM

## TREATMENT HISTORY INFORMATION \* USE ADDITIONAL PAGES AS NECESSARY.

Indicate any history or information, of treatment and/or diagnosis received by, commitment to, or residence in:

- a drug or alcohol treatment center licensed to provide drug or alcohol treatment under the laws of this state or another state; OR
- a psychiatric hospital; OR
- a mental institution following an adjudication as a mental defective or court ordered commitment or treatment (per 18 U.S. Code § 922(g) (4)); OR
- · court ordered outpatient treatment; OR
- a physician for a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability (per Texas Government Code § 411.172(d)(1)).

Date (MM/DD/YYYY)	Facility	Location (INCLUDE COUNTY AND STATE)	Final Diagnosis