

**SUPERIOR COURT OF THE STATE OF DELAWARE
APPLICATION FOR A LICENSE TO CARRY A CONCEALED DEADLY WEAPON**

Please file original and one (1) copy of all documents, together with the filing fee.
Also attach two (2) current 1.5 x 1.5 color passport-style photographs.

CCDW License No.		New <input type="checkbox"/> Renewal <input type="checkbox"/>		Retired Police Officer <input type="checkbox"/>	
County in which you are applying		New Castle <input type="checkbox"/>		Kent <input type="checkbox"/> Sussex <input type="checkbox"/>	
Full Name (Last, First, Middle, Suffix)					
Address (Street, City, State, Zip)					
Home Phone No.			Cell Phone No.		
Driver's License or State ID #			Social Security No.		
Date of Birth		Place of Birth (City, State)		US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sex	Height	Weight	Eye Color	Hair Color	
Occupation			Employer's Phone No.		
Name of Employer					
Address of Employer/Place of Business (Street, City, State, Zip)					
Reason for Application (Be VERY specific)					
Do you hold a permit in another state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which State?					
Have you ever been denied a permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which State?					
Have you ever been convicted of any alcohol related offense? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, list date(s), place(s) offense(s) and sentence(s)					
Have you ever been convicted in this State or elsewhere of a felony or a crime of violence involving physical injury to another, whether or not armed with or having in your possession any weapon during the commission of such felony or crime of violence? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been committed for a mental disorder to any hospital, mental institution, or sanitarium? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, do you possess a certificate of a licensed medical doctor or psychiatrist that you no longer suffer from a mental disorder which interferes or handicaps you from handling deadly weapons? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach certificate)					
Have you ever been convicted for the unlawful use, possession, or sale of a narcotic, dangerous drug, or central nervous system depressant or stimulant? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been, as a juvenile, adjudicated as delinquent for conduct which, if committed by an adult, would constitute a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> (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

<http://courts.delaware.gov/courts/superior%20court/?weapons.htm>

DECLARATION AND AFFIRMATION OF APPLICANT

I _____, 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 OF _____ A.D., _____

Notary Public

Photograph of Applicant (1.5" x 1.5" square)
Attach two photos

FOR OFFICIAL USE ONLY	
Sent to DOJ (Date)	Sent to Judge (Date)
Investigator Recommendation Approved <input type="checkbox"/> Denied <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted <input type="checkbox"/>	Superior Court Approved <input type="checkbox"/> Denied <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted <input type="checkbox"/>
Remarks	Remarks
Reviewer Signature	Judge's Signature
	Date
Attorney General Recommendation Approved <input type="checkbox"/> Denied <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted <input type="checkbox"/>	
Remarks	CCDW Permit No.
	SBI No.
AG Signature	Date Mailed