

## INSTRUCTIONS: APPLYING FOR A CONCEALED WEAPON LICENSE

The Bureau of Criminal Investigation (BCI) is prohibited by law from providing information about the status of an application, **even** to the applicant. **PLEASE DO NOT CALL WITH THESE INQUIRIES.** Information on application processing times, test administrators, completing the form, Class 1 and Class 2 testing requirements, and more is available on the **Concealed Weapon License page** at [www.attorneygeneral.nd.gov](http://www.attorneygeneral.nd.gov). **To avoid delays processing your application, DOUBLE-CHECK THE FORM & ATTACHMENTS BEFORE SUBMITTING TO THE BCI.**

**AGE:** You must be at least 21 to apply for a Class 1 license, or at least 18 to apply for a Class 2 license.

**RESIDENCY:** Residency is determined by your driver's license or state-issued identification card. You must be (a) a resident of North Dakota, OR (b) a resident of a state that recognizes non-resident ND licenses, OR (c) active duty military stationed in ND. Reciprocity information is on the **Concealed Weapon License page** at [www.attorneygeneral.nd.gov](http://www.attorneygeneral.nd.gov).

**APPLICATIONS:** Complete the application online at [www.attorneygeneral.nd.gov](http://www.attorneygeneral.nd.gov). Applications must be properly completed, **signed and dated**, with all required documentation. You must disclose **ALL** offenses, **EVEN** if the charges were later dismissed. Incomplete/unsigned applications will be returned. Applications submitted to the BCI must be postmarked **within 30 days** of testing. List your permanent residence address (not PO Box) and mailing address (if different).

**APPLICATION FEE:** A non-refundable application processing fee of **\$60.00 payable to ND Attorney General** must be included with your application.

**PAYMENT OPTIONS:** Certified check or money order **only**. No cash/personal checks. No joint payments. Write your name on the certified check/money order.

**CONCEALED WEAPONS LICENSE TESTING:** **ALL new** applicants must complete the open-book test. In addition, applicants for a **Class 1 license** must (1) attend classroom instruction, (2) demonstrate familiarity with the firearm, AND (3) successfully complete the proficiency (shooting) test. All classroom instruction and testing must be completed within the State of North Dakota and cannot be held in conjunction with instruction or testing for any other state. No additional testing is required of currently licensed ND law enforcement officers. The testing cannot be waived for any other applicant.

**TESTING FEES:** A test administrator can charge a maximum of \$50.00 (plus applicable range fees). The test administrator must provide to each applicant, at no additional charge, a complete copy of the current Concealed Weapon License Manual for the applicant to keep.

**RENEWAL:** No additional testing is required to renew a valid Class 2 license. In order to renew a Class 1 license, applicant must repeat **ALL** required testing (see above). An expired license **cannot** be renewed; applicant must start over as a new applicant (including all required testing).

**INVALID APPLICATIONS:** An application is invalid if it is (a) submitted more than 30 days after completion of required testing, (b) a renewal submitted outside the renewal period or after the expiration of an existing license, or (c) an application form issued prior to 08/2021). Invalid applications cannot be processed; applicant must restart the application process, including all testing.

**PHOTOS:** Applicant must remove sunglasses, prescription eyewear, hats, and other headgear. No uniforms. **Passport photos only**. Print name on back of photos.

### WHAT MUST ACCOMPANY THE APPLICATION:

- ALL NEW AND RENEWING APPLICANTS:** Attach (1) **Two** passport photos; (2) a **copy** of your state-issued driver's license; and (3) the non-refundable application processing **fee**. Photos are not required when upgrading a current Class 2 to a Class 1.
- NEW Applicants:** You also must submit **two fingerprint cards**. Contact law enforcement or a test administrator. Fingerprints are **not** required for renewal of same class license or when upgrading a current Class 2 to a Class 1.
- NON-ND RESIDENT Applicants from Reciprocal states:** You must **attach** a copy of a **valid concealed carry license from your home state**. If you do not have one, or your state is not reciprocal with ND, you are *not eligible* for a ND concealed weapon license.
- Active Duty Military only:** Attach a copy of your PCS orders to ND. You are not required to have a concealed carry permit in your home state.
- Any applicant born outside the United States:** You must be a legal resident of the US. If you were born outside the United States or its territories, **attach** a copy of your: US-issued Born Abroad birth certificate, or Alien Registration/INS Registration documentation, or Naturalization certificate, or valid US Passport.
- ALL Class 1 applicants AND any applicant answering yes to Q14:** You **MUST** also sign and date the authorization form (bottom portion of page 2).

**APPLICATION PROCESSING:** Applications must be submitted by **MAIL**. Place each application in a **separate** envelope (**no** joint or bulk submissions). The application review process takes **up to 60 days** from the date the BCI receives a *satisfactorily completed* application with *all* attachments. If applicant satisfies the criteria established by law, the license is issued & mailed; if not, applicant receives a denial letter.❖

## **APPLICANT RIGHTS**

**APPLICANT: Please review and retain for your records.**

### **Privacy Act Statement**

As of 03/30/2018 This privacy act statement is located on the back of the FD-258 fingerprint card.

THIS INFORMATION IS PROVIDED FOR CONVENIENCE ONLY. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS, YOU WILL NEED TO CONTACT THE FBI.

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**28 CFR 50.12(b)** Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Those officials making such determinations must advise the applicants that procedures for obtaining a change, correcting, or updating of an FBI identification record are set forth in 28 CFR 16.34. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program. This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and further, to protect the interests of the prospective employee/licensee who may be affected by the information or lack of information in an identification record.

**28 CFR 16.34** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct a challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

For more information, see: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.



**APPLICATION FOR CONCEALED WEAPON LICENSE**  
 OFFICE OF ATTORNEY GENERAL BUREAU OF CRIMINAL INVESTIGATION  
 SFN 9756 (08/2021) PREVIOUS VERSIONS ARE INVALID – DO NOT USE

**FOR OFFICIAL USE ONLY**

I am applying for:		I currently have a ND CWL:	
<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ND CWL Number		Expiration :	
PCN (IF APPLICABLE)			
Mail application & attachments to: <b>BCI-CWL, PO BOX 1054</b> <b>BISMARCK, ND 58502-1054</b>			
Completed applications MUST BE mailed.			

ND COURT	NO / YES	RECEIPT
ND RECORD	NO / YES	LICENSE
PRO	NO / YES	APPLICATION
CWIS	NO / YES	DATE CHECKED
NCIC	NO / YES	NICS
FBI RECORD	NO / YES	PROCESSOR
AFIS		REVIEWER
FBI TCN		PRINTS NO / YES

Your application can be processed ONLY if it is properly completed, signed, dated and has all required attachments: (i) 2-passport quality photographs; (ii) a copy of your current driver's license; (iii) a copy of valid concealed carry license from reciprocal home state (non-ND residents only); (iv) PCS orders (active duty military only); (v) 2-fingerprint cards (if applicable); (vi) documentation of status (applicants born abroad); and (vii) a cashier's check/money order (no personal checks) for \$60.00 payable to ND Attorney General. **Every application must be mailed in a separate envelope with a separate fee. MAKE SURE YOU SIGN & DATE THE APPLICATION.**

**PRIVACY ACT NOTIFICATION:** Your Social Security number is requested to permit the ND BCI to conduct a background investigation pursuant to N.D.C.C § 62.1-04-03 before the issuance of a license to carry a concealed weapon. Disclosure of your SSN is voluntary. However, not providing your SSN will result in delays or denial due to misidentification, or criminal records check requirements of other state, local, or federal agencies.

**TO BE COMPLETED BY TEST ADMINISTRATOR:** Please remind applicants to sign in both places, and to submit the application within 30 days of the testing date.

TEST ADMINISTRATOR NAME (PRINT CLEARLY)		POST BOARD / TEST ADMINISTRATOR NUMBER	TESTING DATE	LOCATION OF TESTING SITE
<b>WRITTEN TEST:</b>	<b>PASS / FAIL</b>			
<b>PROFICIENCY TEST:</b>	<b>PASS / FAIL</b> <input type="checkbox"/> NOT APPLICABLE	DATE	SIGNATURE OF TEST ADMINISTRATOR (must be an <u>original</u> signature – NO stamps)	

APPLICANT INFORMATION						I AM A US CITIZEN:		If NO, provide Alien /INS Registration #			
If we cannot read it, we will return it. PLEASE write legibly in BLOCK letters.						<b>YES / NO</b>					
NAME (LAST)		(FIRST)		(MIDDLE)		SUFFIX		MAIDEN/PRIOR/OTHER NAMES		NICKNAME/ALIAS	
DATE OF BIRTH		PLACE OF BIRTH (CITY AND STATE/COUNTRY)				SOCIAL SECURITY NUMBER (SSN)		DAYTIME TELEPHONE NUMBER			
SEX	RACE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DRIVER'S LICENSE/ID NO.	EXPIRATION DATE	STATE			
RESIDENCE STREET ADDRESS (NOT PO BOX)				CITY		COUNTY		STATE	ZIP CODE		
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)				CITY		COUNTY		STATE	ZIP CODE		
PRIOR ADDRESS(ES) FOR THE PAST FIVE YEARS. ATTACH ADDITIONAL SHEET IF MORE THAN TWO PRIOR ADDRESSES											
STREET AND NUMBER			UNIT NUMBER		CITY			STATE/ZIP			
<b>NEW APPLICANTS:</b> CIRCLE ALL STATES IN WHICH YOU HAVE LIVED AS AN ADULT (18 YRS. OR OLDER). <b>RENEWAL APPLICANTS:</b> CIRCLE ALL STATES FROM THE PAST FIVE YEARS. WRITE FOREIGN COUNTRY(IES) AND TERRITORY(IES) below: [ _____ ]											
PRESENT EMPLOYER		EMPLOYER'S ADDRESS				CITY		STATE	ZIP CODE		
PRESENT EMPLOYER'S TELEPHONE NUMBER		YOUR CURRENT OCCUPATION/JOB TITLE					RETIRED	<input type="checkbox"/>			
							UNEMPLOYED	<input type="checkbox"/>			

**ALL APPLICANTS: ANSWER EVERY QUESTION BELOW.** If you answer YES, provide additional information on the form OR attach a separate page explaining your answer (write your name on the top). Disclose ALL information requested. **FAILURE TO DISCLOSE INFORMATION IS A "MATERIAL MISSTATEMENT" AND WILL RESULT IN DENIAL OF YOUR APPLICATION.**

1. Have you ever RENOUNCED your United States citizenship, or are you an alien illegally in the US?	NO	YES EXPLAIN
2. Are you currently under indictment, charged with a crime, or awaiting sentencing for a crime in any court?	NO	YES EXPLAIN, WHERE?
3. Are you a FUGITIVE FROM JUSTICE?	NO	YES EXPLAIN, WHERE?
4. Is there CURRENTLY a PROTECTION/RESTRAINING ORDER against you?	NO	YES EXPLAIN, WHERE? EXPIRATION?
5. Have you ever been discharged from the Armed Forces under DISHONORABLE conditions?	NO	YES EXPLAIN & attach copy of your discharge documents
6. Have you ever had your RIGHT TO POSSESS/CARRY A FIREARM RESTORED?	NO	YES EXPLAIN, WHERE? WHEN?
7. Has the FBI NICS Section issued you a VOLUNTARY APPEAL FILE UPIN NUMBER?	NO	YES EXPLAIN, ATTACH COPY OF DOCUMENTATION
8. AT ANY TIME IN YOUR LIFE have you received or been granted a PARDON of any offense?	NO	YES EXPLAIN
9. AT ANY TIME IN YOUR LIFE, have you been arrested for, or charged with, ANY CRIMINAL OFFENSES? (This INCLUDES ANY criminal offense for which you received a DEFERRED sentence, EVEN if it was later DISMISSED.)	NO	YES EXPLAIN
10. AS AN ADULT, have you ever been convicted of a crime involving DOMESTIC VIOLENCE, EVEN IF THE CHARGES WERE LATER REDUCED?	NO	YES EXPLAIN
11. IN THE LAST 3 YEARS, have you been convicted of any offense involving the use of alcohol, EVEN if the charges were reduced? (DUI, open container, public intoxication, MIP/MIC, etc.)	NO	YES EXPLAIN
12. Are you an UNLAWFUL USER OF, OR ADDICTED TO marijuana or any depressant, stimulant, narcotic or drug, or any other controlled substance? <b>Warning – Medical Marijuana Card Holders: Under federal law, use of Medical Marijuana is considered UNLAWFUL USE.</b>	NO	YES EXPLAIN
13. In the last 10 YEARS, have you been convicted of an offense involving marijuana, any depressant, stimulant, narcotic or drug or other controlled substance (including paraphernalia), EVEN IF THE CHARGES WERE LATER DEFERRED OR DISMISSED?	NO	YES EXPLAIN
14. Have you EVER been ADJUDICATED MENTALLY INCOMPETENT (which includes a determination by a court, board, commission or other lawful authority that you are a danger to yourself or others or are incompetent to manage your own affairs) OR BEEN COMMITTED TO A TREATMENT FACILITY AS A PERSON REQUIRING TREATMENT?	NO	YES EXPLAIN, FACILITY NAME, CITY and STATE:

➤ **ALL APPLICANTS: sign & date this section or your application will be returned.**

**DATE:**

I authorize the BCI to make inquiry into my military, police, or medical history, and to obtain copies of records if necessary for determining eligibility for a Concealed Weapons License. I certify that the answers given above are true and correct. I understand that making any false or misleading answer will result in denial of my application and may result in criminal prosecution.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

➤ **ALL APPLICANTS - COMPLETE, SIGN & DATE THE AUTHORIZATION BELOW.** If this authorization is not completed, the application will be returned.

**AUTHORIZATION TO RELEASE MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT INFORMATION.**

**DATE**

I specifically authorize the ND State Hospital & \_\_\_\_\_ in \_\_\_\_\_ / \_\_\_\_\_  
LEAVE BLANK OR PRINT THE NAME OF THE TREATMENT FACILITY CITY STATE

to release to the Bureau of Criminal Investigation (BCI) any mental health and drug/alcohol treatment records, including any evaluations and expert examination reports, social history/admission/ discharge summary, mental health and psychiatric records, for BCI to determine eligibility for a Concealed Weapons License. I SPECIFICALLY AUTHORIZE THE RELEASE OF MENTAL HEALTH AND DRUG/ ALCOHOL TREATMENT RECORDS. I understand this authorization is voluntary, and my healthcare providers and health care plan cannot condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. This authorization remains in effect for five years from the date hereof unless specifically revoked by written notice to BCI or the treatment providers identified above, except to the extent that action has been taken in reliance on this release. (Refer to your treatment provider's notice of privacy practices for further information on your revocation rights.) Information disclosed pursuant to this authorization is no longer protected by HIPAA and may be re-disclosed by BCI in accordance with N.D.C.C. § 62.1-04-03(9) and as allowed or required by federal law. Information may be disclosed to BCI in any form, including orally or electronically.

\_\_\_\_\_  
APPLICANT NAME (PRINT CLEARLY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SIGN AND DATE

COMPLETE SIGN AND DATE