



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

To upload your supporting documents please visit RSD secured website:  
<https://www.dps.texas.gov/rsd/contact/Contact?sProgram=LTC>

**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)
<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)

**PERSONAL IDENTIFIERS**

<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Race</b> <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	<b>Hair (*Match DL/ID)</b> <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	<b>Eyes(*Match DL/ID)</b> <input type="radio"/> Black <input type="radio"/> Blue <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Gray <input type="radio"/> Hazel <input type="radio"/> Maroon <input type="radio"/> Multicolor <input type="radio"/> Pink <input type="radio"/> Unknown
<b>Height</b> Ft.      In.			
<b>Weight</b> Lbs.			

City of Birth	State (2-LETTER CODE)	Country	Born outside the U.S. or U.S. Territory? <input type="radio"/> Yes <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       Home       Cell       Office      Number

Applicant Email  
(ONLY FOR CONTACT PURPOSES REGARDING THIS APPLICATION)

**APPLICATION CONDITION**

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

Have you ever been <b>treated</b> or <b>admitted</b> 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; <b>been found</b> 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.