



Texas Department of Public Safety
Regulatory Services Division

P.O. BOX 15888, Austin, Texas 78761-5888

HANDGUN LICENSING

- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS FILLED

EXAMPLE:

● Yes ○ No

ONLINE COURSE PROVIDER RENEWAL APPLICATION

APPLICANT INFORMATION			FOR DPS USE ONLY	
<input type="radio"/> Driver License <input type="radio"/> ID Card		LTC Instructor No		
DL/ID State (2-LETTER CODE)	DL / ID Number			
Last Name		First Name	Middle Name	Suffix (IF ANY)
CONTACT INFORMATION				
Residence Address (Cannot be a PO Box)		City	State (2-LETTER CODE)	ZIP Code
Mailing Address (if different from Residence Address)		City	State (2-LETTER CODE)	ZIP Code
Phone Type	<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Office	Number		
Phone Type	<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Office	Number		
Applicant Email				
Host / Domain Name (URL) for Online Classroom				
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.
PAYMENT INFORMATION: Approved Online Course Provider Application Fee: \$100				
Note: Payment must be in the form of a personal check, cashier's check, or money order to Texas Department of Public Safety. 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**.

Applicant Signature _____ Date _____ (MM/DD/YYYY)

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

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.