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REPORTED HISTORY FORM

APPLICANT NAME			
CRIMINAL HISTORY INFORMATION (*USE ADDITIONAL PAGES AS NECESSARY.)			
Indicate all criminal history information, regardless of the amount of time that has passed or in which state the offense occurred. Include juvenile cases, any assaults of any level and disposition in court, all charges that were dismissed, deferred adjudications and all pending charges, whether or not you believe these are disqualifying.			
Date of Arrest (MM/DD/YYYY)	Offense	Arresting Agency and Location (COUNTY AND STATE)	Full Disposition
Have you ever received a dishonorable discharge from the military? <input type="radio"/> Yes <input type="radio"/> No * If yes , you must submit a copy of your DD-214 .			
I acknowledge I have reviewed the eligibility criteria, disqualifying offenses and the definition of 'conviction' provided in the Texas Handgun Licensing Laws, Administrative Rules and of the Penal Code. <input type="radio"/> Yes <input type="radio"/> No			
Have you had a maiden and/or alias name, different from what is listed on your application? <input type="radio"/> Yes <input type="radio"/> No *If yes, please list all:			

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:			
<ul style="list-style-type: none"> • 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