



Texas Department of Public Safety
Regulatory Services Division
P.O. BOX 15888, Austin, Texas 78761-5888

HANDGUN LICENSING

EXAMPLE:
● Yes ○ No

FOR DPS USE ONLY

ONLINE COURSE PROVIDER ORIGINAL APPLICATION

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

APPLICANT					
Applicant Last Name (AS IT APPEARS ON DL / ID)		First Name		Middle Name	Suffix (IF ANY)
○ Driver License ○ ID Card	DL/ID State (2-LETTER CODE)	DL/ID Number		Date of Birth (MM/DD/YYYY)	
Place of Birth (City):	State (2-LETTER CODE)	Country	Born outside the U.S. or U.S. Territory? ○ Yes ○ No	*If YES, attach legal status documentation.	
PERSONAL IDENTIFIERS					
Gender ○ Male ○ Female	Race ○ Asian/Pacific Islander ○ American Indian/Alaskan Native ○ Black ○ White/Hispanic ○ Other/Unknown	Eyes (*MATCH DL/ID) ○ Black ○ Hazel ○ Blue ○ Maroon ○ Brown ○ Multicolor ○ Green ○ Pink ○ Gray ○ Unknown	Hair (*MATCH DL/ID) ○ Bald/Unknown ○ Gray/Partially ○ Black ○ Red/Auburn ○ Blonde/Strawberry ○ Sandy ○ Brown ○ White		
Height Ft. In.					
Weight Lbs.					
CONTACT INFORMATION					
Residence Address (Cannot be a PO Box)		City		State (2-LETTER CODE)	ZIP Code
Have you lived at this residence for the previous five (5) years and is this the only residence information for the previous five (5) years (60 months)?				○ Yes ○ No	*If NO, please complete and attach LTC-91B
Mailing Address (if different from Residence Address)		City		State (2-LETTER CODE)	ZIP Code
Applicant Home Phone Number			Applicant Work Phone Number		
Applicant Email					
Host / Domain Name (URL) for Online Classroom					
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 .					
REPORTED HISTORY					
Have you ever been arrested or charged with a crime? (Regardless if pending, dismissed, committed as a juvenile, was long ago OR was in another state.)				○ Yes ○ No	*If YES, please complete and attach LTC-91C.
Have you ever been treated and / or admitted to a facility for drug, alcohol and / or psychiatric care; OR 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; OR pleaded innocent by reason of insanity; OR been found mentally incompetent; OR had court-ordered outpatient treatment?				○ Yes ○ No	*If YES, please complete and attach LTC-91C.

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)

(You may copy and paste a scanned .jpg or pdf of your signature)

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.