

INSTRUCTIONS
NEW APPLICATIONS FOR A LICENSE TO CARRY
A CONCEALED DEADLY WEAPON

RETIRED DELAWARE POLICE OFFICER

In order for your application for a License to Carry A Concealed Deadly Weapon to be processed the following steps must be completed:

- 1) Include the statutory filing fee of \$65.00 payable to the Prothonotary, two (2) 1½ " x 1½" color passport-style photographs of the applicant, taken within the six month period immediately preceding the filing of the application. Application must be filed with the Attorney General's Office within the county where he/she resides.
- 2) You must request a certification from the Attorney General's Office verifying that the retired officer is in good standing with the law enforcement agency from which he/she is retired and a letter from the Chief of the retired officer's agency verifying that the retired officer is in good standing with the law enforcement agency from which he/she is retired.
- 3) If the retired officer applies for the license more than 90 days, but within 20 years of the date of retirement, he/she must request a certification form from the Attorney General's Office only.
- 4) Applications may be filed at any time. When filing please include **original and a copy**.

If you have any questions, please contact the Prothonotary's Office.

New Castle County	302-255-0556
Kent County	302-739-3184
Sussex County	302-854-6959

Revised February 2010

Retired Delaware Police Office

PSYCHIATRIC WAIVER

I,

Name

affirm that I have not been committed to a psychiatric facility since the date of my retirement on _____.

Date

Signature

Date

Joseph R. Biden, III
Attorney General
State of Delaware
820 N. French Street, 8th Floor
Wilmington, DE 19801

Dear Mr. Biden:

Retired Delaware Officer _____ is
applying for a license to carry a concealed deadly weapon. Officer
retired from _____ on _____ after
agency date
years of service.

According to the provisions of Del. Code, Title 11, Chapter 5, § 1441, the
following procedures have been completed:

_____ This officer has applied for this license within 90 days of his/her retirement.

_____ This officer has applied for this license more than 90 days, but within 20
years of his/her retirement and:

1) the retired officer's criminal record has been reviewed and he/she
has not been convicted of any crime greater than a violation since the date of his/her
retirement and;

2) the retired office has no record of being committed to a psychiatric
facility since the date of his/her retirement. He/She has forwarded a signed waiver
stating he/she has not been committed to a psychiatric facility since the date of
his/her retirement.

Based upon this review, I feel he/she is currently a retired police officer in
good standing and is qualified to carry a concealed deadly weapon under the
provisions of the law.

Sincerely,

Signature

Title:

<http://courts.delaware.gov/courts/superior%20courts/?weapon.htm>

**SUPERIOR COURT OF THE STATE OF DELAWARE
APPLICATION FOR A LICENSE TO CARRY A CONCEALED DEADLY WEAPON**

Please file original and one (1) copy of all documents, together with the filing fee.
Also attach two (2) current 1.5 x 1.5 color passport-style photographs.

CCDW License No.		New <input type="checkbox"/> Renewal <input type="checkbox"/>		Retired Police Officer <input type="checkbox"/>	
County in which you are applying		New Castle <input type="checkbox"/>		Kent <input type="checkbox"/> Sussex <input type="checkbox"/>	
Full Name (Last, First, Middle, Suffix)					
Address (Street, City, State, Zip)					
Home Phone No.			Cell Phone No.		
Driver's License or State ID #			Social Security No.		
Date of Birth		Place of Birth (City, State)		US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sex	Height	Weight	Eye Color	Hair Color	
Occupation			Employer's Phone No.		
Name of Employer					
Address of Employer/Place of Business (Street, City, State, Zip)					
Reason for Application (Be VERY specific)					
Do you hold a permit in another state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which State?					
Have you ever been denied a permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which State?					
Have you ever been convicted of any alcohol related offense? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, list date(s), place(s) offense(s) and sentence(s)					
Have you ever been convicted in this State or elsewhere of a felony or a crime of violence involving physical injury to another, whether or not armed with or having in your possession any weapon during the commission of such felony or crime of violence? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been committed for a mental disorder to any hospital, mental institution, or sanitarium? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, do you possess a certificate of a licensed medical doctor or psychiatrist that you no longer suffer from a mental disorder which interferes or handicaps you from handling deadly weapons? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach certificate)					
Have you ever been convicted for the unlawful use, possession, or sale of a narcotic, dangerous drug, or central nervous system depressant or stimulant? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been, as a juvenile, adjudicated as delinquent for conduct which, if committed by an adult, would constitute a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> (A response to the question is not required if you have reached your 25 th birthday.)					

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET

<http://courts.delaware.gov/courts/superior%20court/?weapons.htm>

DECLARATION AND AFFIRMATION OF APPLICANT

I _____, Applicant, respectfully state that I am desirous of being licensed to carry a concealed deadly weapon, for the protection of my person or property, or both, and for the particularized need stated in this application.

I DO HEREBY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF; AND I SO INDICATE BY SIGNING BELOW IN THE DESIGNATED SPACE. I HAVE FULFILLED ALL REQUIREMENTS OF THIS APPLICATION AS INSTRUCTED. I AGREE TO SUPPLY ANY ADDITIONAL INFORMATION NEEDED IN CONNECTION WITH THIS APPLICATION.

ANY FALSE INFORMATION WILL BE SUFFICIENT GROUNDS FOR DENIAL OF THIS APPLICATION.

Wherefore, Applicant prays that the Superior Court issue a license pursuant to 11 Del. Code § 1441.

Signature of Applicant

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ A.D., _____

Notary Public

Photograph of Applicant (1.5" x 1.5" square)
Attach two photos

FOR OFFICIAL USE ONLY	
Sent to DOJ (Date)	Sent to Judge (Date)
Investigator Recommendation Approved <input type="checkbox"/> Denied <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted <input type="checkbox"/>	Superior Court Approved <input type="checkbox"/> Denied <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted <input type="checkbox"/>
Remarks	Remarks
Reviewer Signature	Judge's Signature
	Date
Attorney General Recommendation Approved <input type="checkbox"/> Denied <input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted <input type="checkbox"/>	
Remarks	CCDW Permit No.
	SBI No.
AG Signature	Date Mailed