

CHANGE OF ADDRESS FORM CONCEALED HANDGUN PERMIT

Permittee's Name:

Last

First

Middle

Permit Number: _____

Today's Date: _____

Effective Date: _____

Address as Currently Displayed on Permit:

Apt. # Street # Street Name

County City State ZIP

New or Changed Information:

Apt. # Street # Street Name

County City State ZIP

Permittee Name Changed to:

Last

First

Middle

***Reason Name Changed:** ☐ Separation/Divorce ☐ Legal Name Change
☐ _____

*Attach any supporting documentation
(i.e. court documents) to this form and retain in your files.

Sheriff's Office Use:

Form received by _____

Date Received _____

Once necessary verification has been done, enter the changes indicated above into DCIN.

Perform a MODIFY Transaction — MCG.