



REQUEST FOR DUPLICATE CCDW LICENSE

I hereby request that the Kentucky State Police issue a duplicate Carry Concealed Deadly Weapons (CCDW) license since my CCDW license was lost, stolen or destroyed on or about the date listed below. I have attached a check or money order, payable to the Kentucky State Treasurer, in the amount of fifteen dollars (\$15.00).

I certify that I understand the information contained herein is truthful and is executed under oath, and I also understand that the submission of any false information subjects me to criminal prosecution under KRS 523.030.

PLEASE PRINT

Applicant Name _____

DOB ____/____/____ SSN (Required): ____ - ____ - ____

Date Lost/Stolen/Destroyed (Required): _____

Check Correct Space (Required): _____ Lost/Stolen _____ Destroyed

CCDW License Number (Contact KSP CCDW Office if unknown) _____

County of Residence (Required) _____ Sheriff ORI: _____

Applicant Signature (Required): _____ Date: ____/____/____

COMMONWEALTH OF KENTUCKY

COUNTY OF _____

The foregoing instrument was sworn to and acknowledged before me by the CCDW licensee identified above this ____ day of _____ (Month), _____ (Year).

Notary Public, State at Large

My commission expires: _____

Sheriff Signature: _____ Date: ____/____/____



CARRY CONCEALED DEADLY WEAPONS LICENSEE
REQUEST FOR CHANGE OF PERSONAL INFORMATION

I hereby request that the Kentucky State Police change and update the personal information I previously provided in connection with my Carry Concealed Deadly Weapons (CCDW) license and/or application as indicated below.

I certify the information listed below is accurate and complete. I also certify that I understand that this Request for Change of Personal Information is executed under oath, and that the submission of any materially false information or document subjects me to criminal prosecution under KRS 523.030.

Please Print Legibly and Circle Changes

CCDW License Number (contact CCDW Section if unknown): _____

Applicant Name: _____

DOB: ____ / ____ / ____ SSN: ____ - ____ - ____

Street Number: _____ Street Name: _____

Apartment Number: _____ Post Office Box: _____

City: _____ KY Zip Code: _____

County of Residence (Required): _____ Sheriff ORI: _____

Signatures (Required):

Applicant: _____ Date: ____ / ____ / ____

Sheriff: _____ Date: ____ / ____ / ____

NO FEE IS CHARGE FOR CHANGE OF PERSONAL