



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: ____/____/____