



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