

CCDW

CHANGE OF PERSONAL INFORMATION

NO CHARGE FOR PERSONAL INFORMATION CHANGE

I hereby request Kentucky State Police to make such modifications to my existing Carry Concealed Deadly Weapons license and/or application as indicated below

I certify the information listed below is accurate and this application for modification is executed under oath, and the submission of any false information subjects me to criminal prosecution under KRS 523.030.

PLEASE PRINT

Permit Number (Contact CCDW Office if unknown) _____

Applicant Name _____

DOB _____ / _____ / _____ **SSN** _____ / _____ / _____

PO Box _____ **Apt #** _____

Street # _____ **Street Name** _____

City _____ **State** KY **Zip** _____ / _____

County of Residence (Required) _____

Signatures (required):

Applicant / Date _____

Sheriff / Date _____

***** **Please highlight or circle changes** *****
NO FEE FOR CHANGE OF PERSONAL INFORMATION