

# 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