



CCW PERMIT REPLACEMENT REQUEST

Submit a copy of your government issued photo identification (i.e., driver's license, state issued ID card or passport)

APPLICANT INFORMATION					
PERMIT NUMBER	LAST NAME		FIRST NAME		MI DATE OF BIRTH
RACE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	HEIGHT ____ ft ____ in	WEIGHT - POUNDS	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NUMBER		PHONE NUMBER	EMAIL ADDRESS		
CURRENT RESIDENCE ADDRESS			CURRENT MAILING ADDRESS		
STREET NUMBER, STREET NAME, APT OR SPACE NUMBER			STREET NUMBER, STREET NAME, APT OR SPACE NUMBER		
CITY, STATE, ZIP CODE			CITY, STATE, ZIP CODE		
REASON					FEE
<input type="checkbox"/> Damaged					\$10.00
<input type="checkbox"/> Permit Error <i>I understand that I am responsible for returning the incorrect permit when the corrected permit is received.</i>					
<input type="checkbox"/> Within 60 days of issuance					\$0.00
<input type="checkbox"/> After 60 days of issuance					\$10.00
<input type="checkbox"/> Lost or Stolen <i>Previous permit number will be canceled, and a new permit number will be issued.</i>					\$10.00
<input type="checkbox"/> Change of address or telephone number <i>I understand that this is an administrative change only, no new permit will be received.</i>					\$0.00
<input type="checkbox"/> Permit not received					
<input type="checkbox"/> Within 60 days of issuance					\$0.00
<input type="checkbox"/> After 60 days of issuance					\$10.00
<input type="checkbox"/> Legal name change** <i>**I have enclosed a copy of the court document or marriage certificate showing the change. I understand that I am responsible for returning the old permit when I receive the new one. I understand that my new permit will have the same number as my current permit (unless this request is combined with notice of a lost/stolen permit).</i>					\$10.00
SUBMITTAL INFORMATION					

All fees must be paid via a money order, cashier's or certified check made payable to AZ DPS.

MAIL TO:

Arizona Department of Public Safety
PO Box 6488
Phoenix, AZ 85005-6488

If no fee is required, you may **EMAIL** this form and any additional documentation to ccw@azdps.gov

Ensure all documentation and payments are included with this request

By signing this form, I acknowledge that my previous Arizona Concealed Weapons Permit has not been seized by law enforcement.

By signing this application, I agree that any fee overpayment of \$10.00 or less will be automatically donated to the State General Fund. Any overpayment of over \$10.00 will cause the application to be returned for payment adjustment.

SIGNATURE

DATE