



# CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS

## License to Carry Concealed Pistol, Revolver, or Other Firearm Amendment

**Note: Do not use this form to change the Carry Concealed Weapon (CCW) type (i.e., Resident, Judicial, Reserve, Custodial, and Employment). A copy of the newly issued license must accompany this form.**

### APPLICATION DECISION

APPROVED       DENIED

### LAW ENFORCEMENT AGENCY INFORMATION

Issuing Law Enforcement Agency:			ORI Number:		
Agency Mailing Address:		City:	County Code:	Zip Code:	
Last Name:		First Name:		Job Title/Rank:	
Telephone Number:	Fax Number:		Email address:		

### LICENSE AND APPLICANT INFORMATION

CII Number (Required):	CA DL/ID:	Local Number:	Date of Issue:	Date of Expiration:	Date of Amendment:
Last Name:		Suffix:	First Name:	Middle Name:	Date of Birth:

### REASON FOR CORRECTION

### NAME CHANGE

Last Name:	Suffix:	First Name:	Middle Name:
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### ADDRESS CHANGE

Residential Street Address:	City:	County:	Zip Code:
Business Street Address:	City:	County:	Zip Code:



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#### FIREARMS CORRECTIONS

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Manufacturer:	Serial Number:	Caliber:	Model:	Type:
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#### Declaration

*I declare under penalty of perjury under the laws of the State of California  
that the foregoing is true and correct.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date