



CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Carry Concealed Weapon License Amendment



Note: Do not use this form to change Carry Concealed Weapon (CCW) type (i.e., resident, judicial, reserve police officer, employment). You may change CCW type upon issuance of a renewal license, or submit a new CCW application prior to expiration of the existing CCW term.

LICENSE DATA			
Agency:			ORI Number:
Last Name:	First Name:	Middle Name:	Date of Birth:
CII Number:	Local Number:	Date of Issue:	Date of Amendment:

REASON FOR CORRECTION

NAME CHANGE		
Last Name:	First Name:	Middle Name:

RESIDENCE ADDRESS CHANGE			
Street Address:	City:	County:	Zip Code:

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

Declaration
<p><i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p> <p>Signature _____ Date _____</p>

Mail to:

**Department of Justice
Bureau of Firearms - CCW
P.O. Box 160367
Sacramento, CA 95816-0367**