

THIS SECTION FOR OFFICE USE:

NICS SUBMITTED: _____
ORIGINAL ISSUE: _____
RESTRICTIONS: _____

DATE: _____

PERMIT #: _____

INFORMATION FOR DUPLICATE PISTOL LICENSE

NAME: _____ SSN: _____

STREET ADDRESS: _____

CITY/TOWN: _____ ZIP: _____

HOME PHONE: _____ OTHER PHONE: _____

REASON FOR RENEWAL (CIRCLE ONE): LOST/STOLEN POOR CONDITION OTHER

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

EMPLOYER: _____ OCCUPATION: _____

CITIZENSHIP: _____

SINCE YOUR FIREARMS LICENSE WAS ISSUED:

HAVE YOU EVER BEEN ARRESTED? _____ OR IN A MENTAL INSTITUTION? _____

SIGNATURE: _____

PLEASE LIST YOUR WEAPONS BELOW:

MAKE	REV/SEMI	MODEL	CAL	SERIAL NUMBER
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(If more room is needed, please use back of form.)