THIS SECTION FOR OFFICE USE:
NICS SUBMITTED: _____
ORIGINAL ISSUE: _____
RESTRICTIONS: _____
ISSUED BY: _____

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: _____

OCCUPATION: _____

EMPLOYER: _____

CITIZENSHIP: _____

SINCE YOUR FIREARMS LICENSE WAS ISSUED:

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

SIGNATURE: _____

DUPLICATE PERMIT FEE: $18.00

Rev 10/06