STATE OF CALIFORNIA

BOF 4502 (Rev.09/2011)



**CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS**

# **Carry Concealed Weapon License**

**Amendment**

DEPARTMENT OF JUSTICE

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**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:  GLENN COUNTY SHERIFF'S OFFICE ORI Number: C | | | ORI Number: | |
| Last Name: | First Name: | Middle Name: | | Date of Birth: |
| Cll 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** | | | | | |
| Add  Delete | Manufacturer: | Serial Number: | Caliber: | Model: | Type: |
| Add  Delete | Manufacturer: | Serial Number: | Caliber: | Model: | Type: |
| Add  Delete | Manufacturer: | Serial Number: | Caliber: | Model: | Type: |

|  |
| --- |
| **Declaration** |
| *I declare under penalty of perjury under the laws of the State of*  *California that the foregoing is* true *and correct.*    Signature Date |

*Mail to:*

## **Department of Justice**

***Bureau of Firearms* - *CCW***

***P.O. Box 160367***

***Sacramento, CA 95816·0367***