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.

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| --- |
|  **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:      |

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| --- |
| **REASON FOR CORRECTION** |
|        |

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| --- |
| **NAME CHANGE** |
| Last Name:      | First Name:      | Middle Name:      |

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| --- |
| **RESIDENCE ADDRESS CHANGE** |
| Street Address:      | City:      | County:      | Zip Code:      |

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|  **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***