

# STATE OF CALIFORNIA MODIFICATION OF LICENSE TO CARRY CONCEALED FIREARM



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

**LICENSE DATA:**

AGENCY Placer County Sheriff	ORI CA0310003
LICENSEE	DOB
CII #	LOCAL#
DATE OF ISSUE	DATE OF MODIFICATION

**REASON FOR CORRECTION:**


**NAME CHANGE:**

LAST	FIRST	MIDDLE

**RESIDENCE ADDRESS CHANGE:**

NUMBER AND STREET		
CITY	COUNTY	ZIP CODE

**FIREARMS CORRECTIONS:**

ADD	DELETE	MANUFACTURER	SERIAL NUMBER	CALIBER	MODEL	TYPE

MAIL TO:

DEPARTMENT OF JUSTICE  
ATTN: FIREARMS – CCW  
P.O. BOX 981118  
W. SACRAMENTO, CA 95798-1118

"I DECLARE UNDER PENALTY OF PERJURY (SECTIONS 126 AND 672 PC) THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE"

SIGNATURE OF APPLICANT _____	DATE _____
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