



Wyoming County Sheriff's Office
 One Courthouse Square
 Tunkhannock, PA 18657

Office: 570-996-2265
 Fax: 570-836-3078
 www.wycopa.org



Robert L. Roberts, Sheriff

Request for a Change of Address on License to Carry Firearms

NAME (FIRST, MIDDLE, LAST, SUFFIX)		DATE OF BIRTH	DRIVER'S LICENSE #/STATE
STREET ADDRESS		CITY	STATE AND ZIP
PHONE #		LICENSE TO CARRY #	

I, _____ hereby request a change of address on my Pennsylvania License to Carry Firearms. I have updated my address with the Department of Motor Vehicles (DMV). I certify that if I am an out of state resident that I hold a valid License to Carry for that state.

I hereby certify that the statements contained above and herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements above and herein that I am subject to the penalties prescribed by §4904 of the Pennsylvania Crimes Code (relating to Unsworn falsification to authorities) and the Uniform Firearms Act. I further understand that, upon receipt of my updated License, I am required to surrender my original License to Carry Firearms to the Sheriff of Wyoming County.

 Signature

 Date

If your mailing address is different than your physical address, please provide it here:

 (Mailing Address)

*You must include a copy of your driver's license, a check or money order for \$5.00 payable to: Wyoming County Sheriff, and if residing out of state a copy of your valid License to Carry from that state.

FOR USE BY THE WYOMING COUNTY SHERIFF'S OFFICE ONLY				
DATE RECEIVED	RECEIVED BY	APPROVED: YES OR NO	DATE CORRECTED	MAILED OR PICKED UP