



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 that 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