

E-mail

CONCEALED WEAPON LICENSE RENEWAL UP-DATE INFORMATION FORM

Applicant Name: _____

Date of Birth: _____ Age: _____

Social Security No.: _____

California DL / ID No.: _____ HGT _____ WGT _____ EYE _____ HAIR _____

Driver's License Restrictions: _____

Residence Address: _____
Number Street Apt#

City State Zip

Mailing Address (if different):

Number Street Apt# City State Zip

Home / Personal Phone Numbers: _____

Spouse's Name and Address: _____

EMAIL ADDRESS: _____

Applicant Occupation: _____

Business / Employer Name: _____

Business Phone Number: _____

Business Address: _____
Number Street City State Zip

In the past year (24 months)
Have you been arrested? Yes No
Named in a restraining Order (TRO)? Yes No
Received any type of counseling? Yes No
Are you now or have you been under a doctors care for any psychiatric reason? Yes No
If YES, please explain in detail in the space provided on the second page:

*** NOTE: Under Section 12051(b) and 12051(c) of the California Penal Code, it can be a misdemeanor and/ or a felony to knowingly furnish false information on this CCW License Update/Renewal form and supplement to your original application. Any false or misleading statements made on this form may also be cause for the revocation of your CCW License and forfeiture of any fees paid.

CONCEALED WEAPON LICENSES RENEWAL APPROVED: _____ DENIED: _____

BY: _____ TITLE: _____ DATE: _____

SIGNATURE OF CCW HOLDER: _____ DATE: _____