WEAPONS CARRY LICENSE PETITION FOR REPLACEMENT LICENSE BASED ON NAME/ADDRESS CHANGE AND DAMAGED LICENSE

(Pursuant to O.C.G.A. §§15-9-60 / 15-21 A-6 / 36-15-9 / 15-23-7 / 16-11-129)

Required Fees (made payable to Chatham County Probate Court)

Petition Filing Fee: \$6.00

This form is provided to assist you with your request for a replacement license due to a name and/or address change. Along with your petition, you must consent to a name-based criminal background check; the consent is attached. If you are requesting a replacement license due to a change in your name or address, you will need to provide the following:

- (1) A government-issued ID with your NEW name and/or address;
- (2) Signed and Notarized Petition for Replacement License Due to Change of Name or Address and consent to criminal background check (see forms attached);
- (3) Your current weapons carry license must be surrendered to the Court; and
- (4) Money order in the amount of \$6.00.

Please mail the completed forms, a money order in the amount of \$6.00, your surrendered weapons carry license and a copy of your current government-issued ID to:

Chatham County Probate Court P.O. Box 8344 Savannah, Georgia 31412

Once your application has been approved by the Court, your replacement license will be mailed to you at the address on your weapons carry license.

IN THE PROBATE COURT COUNTY OF CHATHAM STATE OF GEORGIA

RE:)				
) FILE NUMBER: ,) CHANGE OF NAME OR				
	LICENSEE ADDRESS				
	PETITION FOR REPLACEMENT LICENSE DUE TO				
	CHANGE OF NAME OR ADDRESS				
	NOW COMES, the above-named Weapons				
Carry	License ("WCL") holder, and petitions the Court for the issuance of a renewal				
licens	e, and under oath state as follows:				
1.	I am currently the holder of a Weapons Carry License which is currently in effect,				
	not expired, and not revoked. That WCL license/renewal license expires on				
	(date). This date of expiration is more than 90 days away from				
	the date on which I am filing this petition.				
2.	I am seeking a replacement license because (complete all which apply):				
	a. My name has legally change. My new, current complete legal name is:				
	b. My address has legally changed. My new, current complete address of				
	my domicile is:				
	(Street address)				
	(City, County, State, Zip)				

3. Attached is proof of my legal change of name and/or address.

WHEREFORE, PETITIONER requests that the Court issue to me a replacement license bearing my correct, new, and current legal name and address, which replacement license shall be issued for the same time period of the weapons carry license or renewal license being replaced.

Further, PETITIONER shall surrender to the Judge of Probate Court the									
weapons carry licen	se or renewa	al license being replace	ed upon the issuance and receipt						
of the license being	replaced.								
THIS	day of		20						
	Petitioner/License Holder Name (Printed)								
	lolder Name (Signed)								
Holder's Address:									
Email Address:									
Sworn to and subsc	ribed before	me							
This day o	f, ;	20							
Notary Public									
(Sealed)									

Please Circle One:	Original R Reprint: Rea	enewal son		Clerk:					
CRIMINAL HISTORY RECORD CHECK CONSENT FORM									
CHATHAM COUNTY PROBATE COURT									
I hereby authorize the Chatham County Probate Court to receive a background check of the Federal Bureau of Investigation's National Instant Criminal Background Check System prior to the issuance of a new Firearm license, renewal license or replacement license.									
Full LEGAL name (print) FIRST MIDDLE LAST									
Maiden name									
Alias Names									
Address (physical address)									
Address (mailing address if different than above)									
Date of Birth	Sex	Race		Place of Birth					
Date	_	Contact Phone Number							
Signature									
Social Security #: For Identification Pu	 urposes Only								

Clerk Signature (if applicable)