WEAPONS CARRY LICENSE PETITION FOR REPLACEMENT LICENSE BASED ON LOST OR STOLEN

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

Required Filing Fee: **\$6.00** (credit card or money order made payable to Chatham County Probate Court)

This form is provided to assist you with your request for a replacement license due to a lost or stolen license. Along with your affidavit, you must consent to a name-based criminal background check; the affidavit and consent are attached. If you are requesting a replacement license due to a lost or stolen license, you will need to do the following:

- (1) Make sure you have the following to bring to Court:
 - a. A government issued ID with your CURRENT name and address;
 - b. Completed Affidavit (See form attached)
 - c. Completed Criminal Background Consent (See form attached)
- (2) Make an appointment to come to Probate Court at https://www.signupgenius.com/go/LicensingAppointment
- (3) Come to Probate Court 15 minutes before time of appointment (parking is challenging) prepared with
 - i. Current ID
 - ii. Completed Affidavit
 - iii. Completed Background Consent and
 - iv. money order or credit card to pay \$6.00 fee.

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.

LOST OR STOLEN WEAPONS CARRY LICENSE AFFIDAVIT

NAME OF APPLICANT:			
APPLICANT'S PHONE NUMBER: _			
APPLICANT'S EMAIL ADDRESS:			
I,, h	ereby state under oath that I became aware that		
my weapons carry license No	was lost or stolen within the last 48		
hours and I am requesting the Probate	Court of Chatham County to issue a cancellation		
order and issue a replacement license.			
I have provided an acceptable form of	identification to the Probate Court with this		
Affidavit and a consent to a criminal b	ackground check.		
Sworn to and subscribed before me this day of, 20			
	Signature of Affiant		
NOTARY PUBLIC	Printed Name of Affiant		

O.C.G.A. § 16-11-129(e)(3) Loss of any license issued in accordance with this Code section or damage to the license in any manner which shall render it illegible shall be reported to the judge of the probate court of the county in which it was issued within 48 hours of the time the loss or damage becomes known to the license holder. The judge of the probate court shall thereupon issue a replacement for and shall take custody of and destroy a damaged license; and in any case in which a license has been lost, he or she shall issue a cancellation order. The judge shall charge the fee specified in subsection (k) of Code Section 15-9-60 for such services. (Georgia Code 2019 Edition)

CHATHAM COUNTY PROBATE COURT 133 MONTGOMERY ST., SUITE 509 SAVANNAH, GEORGIA 31411 (912) 652-7264

CRIMINAL HISTORY CONSENT FORM/ FINGERPRINT CONSENT FORM

	Last Name	First Name	Full Middle Name	
Maiden Name (Former/Alias):				
Address:				
Race:			eight:	
Sex:		w	/eight:	
D.O.B.		E	ye Color:	
SSN:			air Color:	
Place of Birth:				
		(City & State)		
state and fe	ederal law.			
Signature of Sul	bject	Si	gnature witnessed by Clerk of Court	
		FOR OFFICE USE	 E ONLY	
CLEARED BY:	No Criminal Record A	Available		
	Criminal Record (Attached/Released)			
	□ No NCIC/GCIC Warra			
	Possible NCIC/GCIC \	Varrant (List Wanting Agency B	elow)	
ORI Number: G	GA025023J	Purpose Code:	E - Employment (all Guardian cases)	
			J - Civilian Criminal Justice Employment	
			F - Firearms Application	
Purpo	ose of Criminal History		Case Number	