

**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 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 name and/or address change. Along with your petition, you must consent to a name-based criminal background check; the petition and consent are attached. If you are requesting a replacement license due to a change in your name or address, you will need to do the following:

(1) Make sure you have the following to bring to Court:

- A government-issued ID with your NEW name and/or address;
- Signed and Notarized Petition for Replacement License Due to Change of Name or Address (see form attached)
- Consent to criminal background check (see form attached);
and
- Your current weapons carry license which must be surrendered to the Court.

(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 Petition for Replacement License
- 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.

Further, PETITIONER shall surrender to the Judge of Probate Court the weapons carry license or renewal license being replaced upon the issuance and receipt of the license being replaced.

THIS _____ day of _____, 20_____.

Petitioner/License Holder Name (Printed)

Petitioner/License Holder Name (Signed)

Holder's Address:

Contact Phone Number: _____

Email Address: _____

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Deputy Clerk, Probate Court

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: _____		Height: _____			
Sex: _____		Weight: _____			
D.O.B. _____		Eye Color: _____			
SSN: _____		Hair Color: _____			
Place of Birth: _____					
(City & State)					

I hereby authorize Probate Court of Chatham County to conduct an inquiry for the purpose(s) listed below and receive any record information from the Georgia Crime Information Center (GCIC) and/or national criminal history record information and/or run my fingerprints through Georgia Bureau of Investigations (GBI) as authorized by state and federal law.

_____	_____
Signature of Subject	<input type="checkbox"/> Signature witnessed by Clerk of Court OR
	<input type="checkbox"/> Signature witnessed by Attorney Representative or Notary

**** Unless all blanks on this form are completed, no information will be released.**

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

CLEARED BY: _____

- No Criminal Record Available
- Criminal Record (Attached/Released)
- No NCIC/GCIC Warrant
- Possible NCIC/GCIC Warrant (List Wanting Agency Below)

ORI Number: GA025023J

- Purpose Code:**
- E - Employment (all Guardian cases)
 - J - Civilian Criminal Justice Employment
 - F - Firearms Application

Purpose of Criminal History

Case Number