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 namebased 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.

IN THE PROBATE COURT COUNTY OF CHATHAM STATE OF GEORGIA

RE:

LICENSEE

) FILE NUMBER: _____) CHANGE OF NAME OR 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 license, and under oath state as follows:

- 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 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		Signature witnessed by Clerk of Court OR					
		Signa	ture witnessed by Attorney Representive 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				