



**OFFICE OF THE SHERIFF
 FORSYTH COUNTY
 Permits Unit
 CHANGE OF ADDRESS
 FOR CARRY CONCEALED WEAPON**



PERMIT NUMBER: _____ DATE OF BIRTH: _____

EXPIRATION DATE: _____

NAME: _____
LAST FIRST MIDDLE (MAIDEN)

NEW ADDRESS

STREET APT

CITY STATE ZIP COUNTY

MAILING ADDRESS
 (IF APPLICABLE)

STREET APT

CITY STATE ZIP

(____) _____ _____ _____
Telephone Number HAIR WEIGHT

_____ _____
Date Signature

SHERIFF'S OFFICE USE ONLY

- Copy of *Drivers License* and *Current Permit*
- Any New Information Updated in DCI and Pistol
- Address Change DCI Record Printout issued to Applicant
- Address Change DCI Record Print out and this form attached to previous CCW application
- If change of County, make a copy of CCW Application Sent original to that County, and file Copy