

Replacement Weapons Carry License Affidavit

I _____, am requesting a replacement
[Name on Current Weapons Carry License] Weapons Carry License for the following reason:

[Check One]

- My License was lost.
- My License was damaged.
- I never received my license in the mail.
- I need to change the name on my License to: _____

I need to change the address on my License to: _____

[Check One]

Further, I swear or affirm that I am no longer in possession of my original License.

OR

I understand that I cannot receive my new License until I surrender my original License-- the original license is enclosed

Address to mail License: _____

Sworn to and subscribed before me this
_____ day of _____, 20____.

Deputy Clerk of Probate Court / Notary Public

Signature of Affiant

*****PROBATE COURT USE ONLY*****

FL Number: _____

Issue Date: _____

Expiration Date: _____

WHEREFORE, IT IS ORDERED AND ADJUDGED, that Weapons Carry License Number _____
is herewith canceled. So Ordered,

Date: _____

Sarah S. Harris, Judge Probate Court Bibb County

TO: CRIMINAL INVESTIGATIONS DEPARTMENT, Bibb County Sheriff

This is to certify that I have served the above law enforcement agency with a copy of the above Order of Cancellation by mailing a true and correct copy to the agency by inter-office mail.

Date: _____

(Dep) Clerk, Probate Court of Bibb County, Georgia