



Monroe County Sheriff's Office
**Request for Replacement License
 to Carry Firearms Concealed**
 610 Monroe Street, Stroudsburg, PA 18360

Date of request:

 License #:
 (if known)

LICENSEE INFORMATION

Name: (First, Middle, Last, Suffix)		Date of Birth:	Driver's License Number:	State:
Street Address:			City:	State:
			Zip Code:	
Phone Number:	Email:			

I, _____, hereby request a replacement copy of my Pennsylvania license to Carry Firearms Concealed due to the following reasons:

- My Pennsylvania License to Carry Firearms Concealed was Lost/Stolen. I have attached a copy of my valid Pennsylvania Driver's License.

- I need my address changed on my Pennsylvania License to Carry Firearms Concealed. I have attached a copy of my valid Pennsylvania driver's license reflecting the changes.

- I have changed my name and need Pennsylvania License to Carry Firearms Concealed to reflect the name change. I have attached a copy of my valid Pennsylvania driver's license reflecting the changes and a copy of the court documents/marriage license.

- Other:

I hereby certify that the statements contained above and herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements above and herein that I am subject to the penalties prescribed by §4904 of the Pennsylvania Crimes Code (relating to Unsworn falsification to authorities) and the Uniform Firearms Act. I further understand that, if my original License to Carry is found (if lost/stolen) I am required to surrender it to the Sheriff of Monroe County.

 Signature

 Date

FOR USE BY THE MONROE COUNTY SHERIFF'S OFFICE ONLY

Received (Date/Clerk):	Date approved and sent:	PICS Approval No:	New License No.: