

**CHANGE OF ADDRESS or NAME
for CCW Permit Holders**

Name on license: _____ Permit #: _____

Social Security Number: (optional) _____ Expiration Date: _____

Name change: _____

New Address, including city and zip code:

_____, OH _____

Permit holder's signature

Date

Received by _____
Unit #

Initials

LEADS entry _____

By: _____

Filed with application: _____

By: _____