



# ARIZONA DEPARTMENT OF PUBLIC SAFETY

2102 WEST ENCANTO BLVD. P.O. BOX 6638 PHOENIX, ARIZONA 85005-6638 (602) 223-2000

*"Courteous Vigilance"*

JANICE K. BREWER ROBERT C. HALLIDAY  
Governor Director

### PLEASE CHECK THE APPROPRIATE SECTION AND PROVIDE NEEDED INFORMATION OR DOCUMENTATION

- \_\_\_\_\_ This is to request a permit in the new style. I am enclosing a \$10 money order, cashier's check or certified check; payable to AZ DPS, to process my request. I understand that I am responsible for returning the old permit when I receive the new permit. My permit number is: \_\_\_\_\_.
- \_\_\_\_\_ My permit has an error and a replacement permit is requested. I understand that I am responsible for returning the incorrect permit when the corrected permit is received. I understand no additional fee is required. My permit number is: \_\_\_\_\_.
- \_\_\_\_\_ My permit has been lost or stolen and a replacement permit is requested. I understand that my previous permit number will be cancelled and a new permit number issued. I am enclosing a \$10 money order, cashier's check or certified check; payable to AZ DPS, to process my request. **Please complete box #1 below.**
- \_\_\_\_\_ There has been a change of address or telephone number regarding my permit. I understand no fee is required and no new permit will be received; this is an administrative change only. My permit number is : \_\_\_\_\_. **Please complete box #2 below.**
- \_\_\_\_\_ I did not receive my permit and a replacement permit is requested. I understand no additional fee is required. **Please complete boxes #1 & #2 below.**
- \_\_\_\_\_ I have legally changed my name. I have enclosed a copy of the court document or marriage certificate showing the change. I am enclosing a \$10 money order, cashier's check or certified check; payable to AZ DPS, to process my request. I understand that I am responsible for returning the old permit when I receive the new one. I understand that my new permit will have the same number as my current permit (unless this request is combined with notice of a lost/stolen permit). **Please complete box #1 below.**

### COMPLETE THE APPROPRIATE BOX BELOW AND MAIL TO:

Arizona Department of Public Safety

PO Box 6488

Phoenix, AZ 85005-6488

Or FAX to: 602-223-2928 if no fee is required

#### Box #1 PLEASE PRINT CLEARLY

Name \_\_\_\_\_ DOB: \_\_\_\_\_  
Last, First MI

Race \_\_\_\_ Sex \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_ Hair \_\_\_\_ Eyes \_\_\_\_

#### Box #2 PLEASE PRINT CLEARLY

##### New Residence Address

Str. #, Str. Name, Apt. or Sp#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

##### New Mailing Address

Str#, Str. Name, Apt. or Sp#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

New telephone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Phoenix (602) 256-6280 \*\*\* Outside metropolitan Phoenix, but within Arizona 1-800-256-6280 \*\*\* Fax (602) 223-2928

Business hours 8:00 - 5:00 Monday through Friday

www.azdps.gov/ccw