



ARIZONA DEPARTMENT OF PUBLIC SAFETY

CCW PERMIT VOLUNTARY SURRENDER

Send completed form with permit attached to:

Arizona Department of Public Safety
Concealed Weapons Permit Unit
P.O. Box 6488
Phoenix, AZ 85005

| | |
|------|-----------------------|
| DATE | ARIZONA PERMIT NUMBER |
| NAME | |

- I am voluntarily surrendering the attached Arizona Concealed Weapons Permit.
- I understand that once this permit is surrendered, it may not be reinstated.
- If I wish to obtain an Arizona Concealed Weapons Permit in the future, I will be required to apply for a new permit.

SIGNATURE

DATE

Tape Permit Card Below: