

Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

Arizona Permit Number: \_\_\_\_\_

I am voluntarily surrendering my attached Arizona Concealed Weapons Permit.  
I understand 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*

