



**CALIFORNIA DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
Carry Concealed Weapon License  
Amendment**



**Note:** Do not use this form to change Carry Concealed Weapon (CCW) type (i.e., resident, judicial, reserve police officer, employment). You may change CCW type upon issuance of a renewal license, or submit a new CCW application prior to expiration of the existing CCW term.

LICENSE DATA			
Agency: LASSEN COUNTY SHERIFF'S OFFICE		ORI Number: CA0180000	
Last Name:	First Name:	Middle Name:	Date of Birth:
CII Number:	Local Number:	Date of Issue:	Date of Amendment:

REASON FOR CORRECTION

NAME CHANGE		
Last Name:	First Name:	Middle Name:

RESIDENCE ADDRESS CHANGE			
Street Address:	City:	County:	Zip Code:

FIREARMS CORRECTIONS					
<input type="checkbox"/> Add	Manufacturer:	Serial Number:	Caliber:	Model:	Type:
<input type="checkbox"/> Delete					
<input type="checkbox"/> Add	Manufacturer:	Serial Number:	Caliber:	Model:	Type:
<input type="checkbox"/> Delete					
<input type="checkbox"/> Add	Manufacturer:	Serial Number:	Caliber:	Model:	Type:
<input type="checkbox"/> Delete					

Declaration
<p><i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p>
<p>Signature _____ Date _____</p>

Mail to:

**Department of Justice  
Bureau of Firearms - CCW  
P.O. Box 160367  
Sacramento, CA 95816-0367**