

FOR DUPLICATE REQUESTS ONLY

List the guns you currently own:

MAKE	CALIBRE	SERIAL	MODEL	REV./AUTO

Please complete the following:

SSN#: _____

EMPLOYER: _____

OCCUPATION: _____

YOUR WEIGHT: _____

YOUR HEIGHT: _____

RESTRICTIONS: _____

HAS YOUR ADDRESS CHANGED SINCE YOUR LAST AMENDMENT

Y_____ N_____

EXPIRATION DATE OF PISTOL PERMIT: _____ TRANSFERS IN FROM OTHER
COUNTIES (ONLY)

TELEPHONE NUMBER: _____