## STATE OF MISSOURI COUNTY OF LINN CONCEALED CARRY PERMIT

## **REQUEST TO CHANGE INFORMATION**

PERMIT NO. \_\_\_\_\_

CURRENT INFORMATION LISTED	ON PERMIT		·	
NAME (LAST, FIRST, MIDDLE):			DAYTIME PH	ONE (INCLUDE AREA CODE)
DATE OF BIRTH:	PLACE OF BIRTH: USA OTHER EXPLAI	N:	•	GENDER: MALE FEMALE
RESIDENCE ADDRESS:				
CITY:		STAT	E: ZIP CODE:	
COUNTRY OF CITIZENSHIP:		ALIEN O	R ADMISSION NUMBER:	
INFORMATION TO BE UPDATED	ON DEDMIT			
NAME (LAST, FIRST, MIDDLE):	ON PERMIT			
NAME (LAST, TIKST, MIDDLE).				
RESIDENCE ADDRESS:				
CITY	STATE	ZIP CODE	COUNT	Υ
MISCELLANEOUS INFORMATION	TO CHANGE:			
DOCUMENTATION PROVIDED TO	O VERIFY CHANGE IN INFOR	MATION:		
FEE COLLECTED FOR NEW PERM	IT CARD: \$10.00 CASH	CHECK	CREDIT / DEBIT CARD	MONEY ORDER
I hereby sign under oath and u	nder the negalties of periur	that I am in cou	mpliance with each of th	ne requirements
specified in subsection 2 of RSM prosecution for perjury pursual	No section 571.101 and ack	nowledge that fa	lse statements made by	me will result in
	it to the laws of the state o	i Missouri.		
PERMIT HOLDER'S SIGNATURE:		DATE (mm/dd/yyy	y):	
x				
SHERIFF (SHERIFF'S DESIGNEE) SI	GNATURE:	DATE (mm/dd/yy)	yy):	
PRINTED NAME (last, first, middle)				
- Table (was, mag madie)				