

# CONCEALED FIREARM PERMIT

## ADDRESS CHANGE FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT#: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

*Required Handwritten*

SIGNATURE: \_\_\_\_\_

*New permit cards will not be issued for address changes*

Please email this form to [CFP@Wyo.gov](mailto:CFP@Wyo.gov) or mail a copy to:

**DIVISION OF CRIMINAL INVESTIGATION - CFP  
STATE OF WYOMING  
208 S. COLLEGE DRIVE  
CHEYENNE, WY 82002-0150**