

CONCEALED FIREARM PERMIT

ADDRESS & NAME CHANGE FORM

NAME: _____ DATE: _____

PERMIT#: _____

PHONE NUMBER: (____) _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

(Name Changes require a *copy of the official document filed with the court for a legal name*)

PREVIOUS NAME: _____

NEW NAME: _____

Required

SIGNATURE: _____

Please email this form to CFP@Wyo.gov and/or mail a copy to:

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