

# APPLICATION FOR DUPLICATE CONCEALED FIREARM PERMIT

Wyoming Statute 6-8-104 (o) and (p), and Section 3 of the Concealed Firearm Permit rules and regulations contain a provision for the issuance of a duplicate permit in the event that the original permit is lost or destroyed. Procedures require that, **within thirty (30) days after the loss or destruction of a permit, the permittee shall submit to the Division a notarized statement that the permit has been lost or destroyed.** To apply for a duplicate permit, this form must be completed, notarized, and forwarded to the Division, along with a \$5.00 fee (**No Personal Checks or Cash**).

## 1. FULL NAME

Last Name	First Name	Middle Name
-----------	------------	-------------

## 2. DATE OF BIRTH

MO	Day	YR
----	-----	----

## 3. CONCEALED FIREARM PERMIT # (if known)

\_\_\_\_\_

## 4. SOCIAL SECURITY NUMBER

\_\_\_\_\_

## 5. ADDRESS

Street Address		
Mailing address (if not the same as above)		
City	State	Zip Code

## 6. HOME or CELL TELEPHONE NUMBER (Circle One)

(\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

## 7. WORK TELEPHONE NUMBER

(\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

## NOTARIZED STATEMENT REQUIRED

I execute this application under oath or affirmation and hereby attest that:

1. The Wyoming concealed firearm permit originally issued to me has been **lost / destroyed** (circle one) on or about \_\_\_\_\_, 20\_\_\_\_

Comments: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn under oath or affirmed before me by \_\_\_\_\_  
(Applicant name)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Forward the completed application for duplicate permit, along with five dollars (\$5.00) **Money Order or Cashier's check only** payable to the Wyoming Division of Criminal Investigation to the following address:

Wyoming Division of Criminal Investigation  
Attn: CFP Processing  
208 S. College Drive  
Cheyenne, WY 82002-0150