

**REQUEST FOR REPLACEMENT PERMIT
TO CARRY A CONCEALED HANDGUN
COMMONWEALTH OF VIRGINIA**

File Number: _____

To the Circuit Court of Chesterfield County:

I, _____ hereby request a replacement
NAME

permit to carry a concealed handgun. In support of this request, I affirm the following:

1. My current address and telephone number are: _____
Telephone Number

Address

2. I received a permit to carry a concealed handgun from this court on or about _____
Date

3. I am not currently subject to any condition described in *Code of Virginia* § 18.2-308.09 which would disqualify me from having a permit to carry a concealed handgun.

4. I am not currently subject to a protective order issued by a court.

5. I have not been ordered by a court issuing a protective order to surrender my permit to carry a concealed handgun pursuant to Virginia Code § 18.2-308.1:4. I understand that failure to surrender a permit to carry a concealed handgun while subject to a protective order is a Class 1 misdemeanor.

6. I request a replacement permit to carry a concealed handgun because:

() Legal Name Change – Name under which permit was issued: _____

() Original Permit Lost/Destroyed

I further affirm that a replacement permit to carry a concealed handgun is not sought for any fraudulent purpose(s) and that the information I have given is true to the best of my knowledge and belief.

Date Signature

Commonwealth/State of _____; City/County of _____
Subscribed and affirmed to before me on this date by the above-named person.

Date

Deputy Clerk/Notary

Notary Commission Expires: _____

Notary Registration Number: _____

*** Address changes must be requested on the form designated for that purpose by the Virginia State Police. ***