



Wisconsin Department of Justice Change of Address Notification / Replacement License Request

Change of Address: You must notify the Department of Justice (DOJ) of any address change no later than 30 days after the change. Failure to do so may result in a forfeiture of \$50, s. 175.60 (17)(ac), Wis. Stats. There is no cost to an address change unless you request to have a new license issued by checking the replacement license box below.

Prior to submitting this form, notify the Department of Transportation of the change to ensure the address on your photo identification will match the address on your concealed carry license. DOT changes can be made at:
<http://www.dot.wisconsin.gov/drivers/drivers/address-change.htm>.

Lost or Destroyed License: If a license is lost or destroyed, the licensee may re-request a replacement by making a request and submitting a \$12 fee, along with any remaining portions of the license to the DOJ.

Instructions

- Complete the licensee information below as it appears on your license.
- Enter your residential address and mailing address (if different) information below for change of address notifications.
- Mail completed form to: Wisconsin Department of Justice Attn: Firearms Unit, PO BOX 7130 Madison, WI 53707-7130

Check here if request a replacement license

- You must include a check in the amount of \$12 made payable to the Wisconsin Department of Justice for a replacement license pursuant to Jus 17.12(3).
- For a change of address, a new license will be mailed to you. If you did not return your previously issued license with this form you will be requested to return it once you receive your replacement license.
- If your license was lost or destroyed making it impossible to return your existing license, your existing license will be cancelled and must be returned if found at a later time.

Application Number (DOJ Use Only)

(DOJ Use Only)

License Number (DOJ Use Only)

Date Updated (DOJ Use Only)

Operator (DOJ Use Only)

LICENSEE INFORMATION

***** Enter as it appears on your concealed carry license *****

Concealed Carry License Number: (Optional if unknown and license was lost or stolen)		Date of Birth:
Last Name:	First Name:	Middle Name or Initial:

CHANGE OF ADDRESS NOTIFICATION

Residential address:		
City:	State:	Zip Code:
Mailing address (If Different):		
City:	State:	Zip Code:

I state that the information in this request is true and complete to the best of my knowledge. I understand I may be prosecuted if I intentionally give false information. The penalty for making a false statement is a fine of up to \$10,000, imprisonment of up to 9 months, or both [s. 946.32(2), Wis. Stats.] and for falsifying a document a fine of up to \$10,000, imprisonment up to 9 months, or both [s. 943.38, Wis. Stats.]

X

Signature of licensee

Date