

SELF DEFENSE ACT LICENSE

CHANGE OF INFORMATION / REPLACEMENT LICENSE REQUEST FORM

Check appropriate box(es) and send signed, notarized form along with any required documents and/or payment to:

*Oklahoma State Bureau of Investigation
Self Defense Act Licensing Unit
6600 North Harvey Place
Oklahoma City, OK 73116*

- CHANGE OF ADDRESS** (Fill in name, social security number, current address and new address).
 CHANGE OF NAME (Fill in old name, new name, social security number and current address).
 REPLACEMENT LICENSE (For replacement license only, fill in name, social security number and current address). If license was lost or stolen initial here: _____

Please destroy old license when new one arrives.

Name:	
Social Security #:	
Current Address on file:	ADDRESS
	CITY, STATE, ZIP CODE

New Name:	
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New Physical Address:	PHYSICAL ADDRESS
	CITY, STATE, ZIP CODE
	COUNTY

New Mailing Address:	MAILING ADDRESS
	CITY, STATE, ZIP CODE

Signature of License Holder: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____

Notary Public

If requesting a replacement license or new license with updated information, please include payment of \$15.00.

ACCEPTABLE FORMS OF PAYMENT:		<input type="checkbox"/> CASH	<input type="checkbox"/> CASHIER'S CHECK / MONEY ORDER
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
<i>For Visa, MasterCard and Discover, Security Code is 3 digits on back of card.</i>		<i>For AMEX, security code is 4 digits on front.</i>	
CREDIT CARD # _____ - _____ - _____ - _____		EXPIRATION DATE: _____	SECURITY CODE: _____
NAME AS IT APPEARS ON CREDIT CARD: _____			
(PLEASE PRINT)			
CARD HOLDER'S SIGNATURE (REQUIRED): _____			