



Snyder County Sheriff's Office
Request for a Duplicate License to Carry Firearms

LICENSE # (COMPLETE IF KNOWN) 55-

LICENSEE INFORMATION

NAME (FIRST, MIDDLE, LAST, SUFFIX)		DATE OF BIRTH	DRIVER'S LICENSE # / STATE	PHONE #
STREET ADDRESS		CITY	STATE	ZIP

I, _____, hereby request a duplicate copy of my
(PRINT NAME)

Pennsylvania License to Carry Firearms due of the following reason:

- I lost my Pennsylvania License to Carry Firearms.
- My Pennsylvania License to Carry Firearms was accidentally destroyed.
- My Pennsylvania License to Carry Firearms was stolen.
- Other: _____

I hereby certify that the statements contained above and herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements above and herein that I am subject to the penalties prescribed by §4904 of the Pennsylvania Crimes Code (relating to Unsworn falsification to authorities) and the Uniform Firearms Act. I further understand that, if my original License to Carry Firearms is found, I am required to surrender it to the Sheriff of Snyder County.

 SIGNATURE

 DATE

FOR USE BY THE SNYDER COUNTY SHERIFF'S OFFICE ONLY

OFFICIAL RECEIVING REQUEST	REQUEST APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	PICS APPROVAL #	DATE DUPLICATE ISSUED	NEW LICENSE #
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