

CLERMONT COUNTY SHERIFF'S OFFICE

Robert S. Leahy, Sheriff
 "Committed to Excellence"

Concealed Carry License Address Change and/or Name Change Notification

This Address Change and/or Name Change Notification is only to be submitted to the Clermont County Sheriff's Office if your carry conceal license was issued through Clermont County. **If you are submitting an Address Change notification, you are not required to change the address on your concealed carry license.** Mailing or faxing this form into our office is acceptable. However, if you would like the address on your card to be changed you must come into the Clermont County Sheriff's office and pay \$15.00 (exact cash). **If you are submitting a Name Change Notification, you are required to have it changed on your card.** Please come to the Clermont County Sheriff's Office with proof of name change and \$15.00 (exact cash).

Effective _____ my **new address** is:
 Date

| | | | | |
|----------------|------|-------|-----|--------|
| | | | | |
| Street Address | City | State | Zip | County |

| | | | |
|----------------------------------|--------------------|---------------|-----------------------|
| | 13 - CLE - | | |
| Name (as printed on CCW license) | CCW License Number | Date of Birth | Last 2 Digits of SS # |

IMPORTANT INFORMATION IF MOVING OUT OF OHIO:

If you move from the State of Ohio, your concealed carry license remains valid until it expires, however your license cannot be renewed unless you re-establish residency OR provide proof of employment in Clermont County or an adjacent county.

Effective _____ my **new name** is:
 Date

(Please provide a copy of your driver's license and/or state identification to verify name change)

| | | |
|-----------------------|--------------------|---------------------|
| | | |
| PRINT - New Last Name | PRINT - First Name | PRINT - Middle Name |

| | | | |
|----------------------------------|--------------------|---------------|-----------------------|
| | 13 - CLE - | | |
| Name (as printed on CCW license) | CCW License Number | Date of Birth | Last 2 Digits of SS # |

Please include a contact phone number for any questions that may arise: _____

Please note that you will not receive confirmation of this change.

 Signature

 Date

Please complete all fields of this form.

Clermont County Sheriff's Office
 Attn: Concealed Carry License
 4470 State Route 222 Batavia, Ohio 45103
 Fax: (513) 732-7515