

Concealed Carry License Address Change and/or Name Change Notification

This form can only be submitted if you are a holder of a Clermont County CCW.
 You will NOT be notified when we are in receipt of this form.

Name: _____.
 Date: _____.
 Phone Number: _____.
 Email: _____.

Address Change: Mailing, faxing, or dropping off this form to update your address is acceptable. However, if you would like the change updated on your physical card you have to come into the Sheriff's office and pay \$15.00 (exact cash). Please note that if you are moving out of Ohio that your CCW is valid until the expiration.

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	SS #

Name Change: In order to change your name you MUST come into the Sheriff's Office and pay \$15.00 (exact cash). You are required by law to have the change updated on the physical card.

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 - New First Name	PRINT - New Middle Name

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

X

 Signature

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