State of Utah
Department of Public Safety

REPLACEMENT APPLICATION FOR CONCEALED FIREARM PERMIT

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN INK

BUREAU USE ONLY

COMPLETE the following information as it now appears on your Utah concealed firearm permit.

Name: _____ Date of Birth: _____ Permit #_____
LEAVE BLANK IF NOT KNOWN

Address: _____SSN: _____

Enclose the appropriate fee, **$10.00** in the form of credit card, money order or check made payable to "BCI". Name and address must be imprinted on check. Cannot accept foreign credit cards.

Please check the appropriate box, which identifies why you need a replacement permit.
If you don't know your permit number leave that line blank on the form. If the permit has been stolen please identify the police agency the theft was reported to and a case number. If the permit is being replaced because of a change of personal identification information, i.e., new address, change of name, etc., please identify the changes. IF THERE HAS BEEN A CHANGE OF NAME PLEASE INCLUDE A COPY OF YOUR DRIVER LICENSE THAT SHOWS YOUR NEW NAME. This form must be notarized if submitting by mail to the address at the bottom of the form.

- ❑ Permit has been lost
- ❑ Permit has been stolen
- ❑ Permit is damaged or worn
- ❑ Address Change
- ❑ Name Change
- ❑ Other _____

If changing address and/or name, please list new information:_____
_____
_____
_____

I, the undersigned, being duly sworn or affirmed, state that the above information is true and accurate to the best of my knowledge and prior to this date, I have been issued a concealed firearm permit from the state of Utah:

Signature: _____

Subscribed and sworn to before me on this _____day of _____, 20_____

_____
Notary Public

METHOD OF PAYMENT (Only to be filled out if application is mailed in. Check appropriate box for payment)

☐ Check, Money Order or Cashier's Check (Payable to "BCI") There will be a $20.00 service charge for any returned check.

☐ Credit Card (cannot use foreign credit cards) must be ☐ Visa ☐ Master Card ☐ Discover ☐ AMEX

Cardholder signature:_____ **Zip Code Associated with Credit Card:**_____

Fill out the information below to pay by credit card. *3 or 4 digit control # Exp Date MM/YY

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Utah Bureau of Criminal Identification 3888 W 5400 S Taylorsville Utah 84129

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