

**SELF-DEFENSE ACT LICENSE  
CHANGE OF INFORMATION / REPLACEMENT LICENSE REQUEST FORM**

Check appropriate box(es) and send original, 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 #, email address, current address and new address)
- CHANGE OF NAME** (Fill in old name, new name, email address, social security # and current address)
- REPLACEMENT LICENSE** (For replacement license only, fill in name, email address, social security #, and current address)

If license was lost or stolen initial here: \_\_\_\_\_ **Please destroy old license when new one arrives.**

Name on File:			
Social Security #:			
Email Address: <small>Check if email is New / Changed <input type="checkbox"/></small> <small>(Required for Expiration Notifications)</small>			

Current Address on File:	Current 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

<b>ACCEPTABLE FORMS OF PAYMENT</b> (PERSONAL CHECKS NOT ACCEPTED):	
<input type="checkbox"/> CASH (In-person only) <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	
CREDIT CARD # _____ - _____ - _____ - _____	EXPIRATION DATE: _____ SECURITY CODE: _____
<small>SECURITY CODE FOR VISA, MC, DISCOVER IS 3 DIGITS ON BACK OF CARD. AMEX SECURITY IS 4 DIGITS ON FRONT</small>	
NAME AS IT APPEARS ON CREDIT CARD: _____	
(PLEASE PRINT)	
CARD HOLDER'S SIGNATURE (REQUIRED): _____	