

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

Check appropriate box(es) and send 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 number, current address and new address).
- CHANGE OF NAME** (Fill in old name, new name, social security number and current address).
- REPLACEMENT LICENSE** (For replacement license only, fill in name, social security number and current address). If license was lost or stolen initial here: _____

Please destroy old license when new one arrives.

Name:	
Social Security #:	
Current Address on file:	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.

ACCEPTABLE FORMS OF PAYMENT:		<input type="checkbox"/> CASH	<input type="checkbox"/> CASHIER'S CHECK / MONEY ORDER <small>(PERSONAL CHECKS NOT ACCEPTED)</small>
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
<i>For Visa, MasterCard and Discover, Security Code is 3 digits on back of card.</i>		<i>For AMEX, security code is 4 digits on front.</i>	
CREDIT CARD # _____ - _____ - _____ - _____		EXPIRATION DATE: _____	SECURITY CODE: _____
NAME AS IT APPEARS ON CREDIT CARD: _____ <small>(PLEASE PRINT)</small>			
CARD HOLDER'S SIGNATURE (REQUIRED): _____			