



# FIREARMS REGISTRATION CERTIFICATE INFORMATION UPDATE FORM

THIS FORM IS NOT VALID UNTILL IT IS STAMPED APPROVED AND IT CONTAINES A RAISED SEAL



PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIPCODE

\_\_\_\_\_  
DAY TIME PHONE NUMBER

REGISTRATION NUMBER: \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY

- ADDRESS CHANGE
- WEAPON INFORMATION CHANGE (Add additional barrels)
- REGISTRATION STATUS CHANGE
- CANCEL MY REGISTRATION
- OTHER

PLEASE ENTER THE INFORMATION TO BE UPDATED

\_\_\_\_\_  
Signature Date

DO NOT WRITE BELOW THIS LINE

Date information update completed \_\_\_\_\_

Officer's or Agent's signature \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief of Police or Designee

Raised Seal