

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

Check appropriate box and send signed, notarized form along with any required documents 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 and new address.)

CHANGE OF NAME (Fill in old and 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:	

New Name:	
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New Address:	
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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:	CASH	CASHIER'S CHECK / MONEY ORDER
VISA MASTERCARD DISCOVER		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 SIGNATURE (REQUIRED) _____		