STATE OF WEST VIRGINIA

CHANGE OF ADDRESS NOTIFICATION FORM

Permit Holder's	s Name:					
Cld Address:			First		MI	
Old Address	Street				Apt/Ste	
-	City		State	Zip	County	
New Address:						
Street					Apt/Ste	
-	City		State	Zip	County	
Date of Birth _	//	Social Securi	ity Number: _		Ht: ftin.	
Weight:ll	bs. Race:	Sex: M	F Eyes:	Hair:	_	
□WV Driver's Licer	nse #	□WV Non-Dr	iver's ID#	Other (l	Describe)	
been convicted or charges, nor am any information	of an act of Domes I the subject of a	tic Violence. Domestic Vio n this applica	I am not currer lence Protective tion constitute	ntly under indictm e Order. I under	inally issued, nor have I lent or any other criminal stand that falsification of and is a misdemeanor	
		A	Applicant Signature:			
			I	Date:		
Subscribed and sworn	before me, in said Count	y and State, this				
Thisday of_						
No	tary Public					