



**Centre County Sheriff's Office**  
**Request for a Duplicate License to Carry Firearms**

LICENSE # (COMPLETE IF KNOWN)

**LICENSEE INFORMATION**

NAME (FIRST, MIDDLE, LAST, SUFFIX)		DATE OF BIRTH	DRIVER'S LICENSE # / STATE	PHONE #
STREET ADDRESS		CITY	STATE	ZIP

I, \_\_\_\_\_, hereby request a duplicate copy of my  
 (PRINT NAME)

Pennsylvania License to Carry Firearms due to the following reason:

- I lost my Pennsylvania License to Carry Firearms
- My Pennsylvania License to Carry Firearms was accidentally destroyed
- My Pennsylvania License to Carry Firearms was stolen.
- Other: \_\_\_\_\_

I hereby certify that the statements contained above and herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements above and herein that I am subject to the penalties prescribed by §4904 of the Pennsylvania Crimes Code (relating to Unsworn falsification to authorities) and the Uniform Firearms Act. I further understand that, if my original License to Carry Firearms is found, I am required to surrender it to the Sheriff of Centre County.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

If your mailing address is different than your physical address please provide it here:

\_\_\_\_\_  
 (MAILING ADDRESS)

\*You must include a copy of your driver's license, \$5 and if residing out of state a copy of your License To Carry from that state

**FOR USE BY THE CENTRE COUNTY SHERIFF'S OFFICE ONLY**

OFFICIAL RECEIVING REQUEST	REQUEST APPROVED	PICS APPROVAL #	DATE DUPLICATE ISSUED	NEW LICENSE #
----------------------------	------------------	-----------------	-----------------------	---------------