



Wisconsin Department of Justice Change of Name Notification / Replacement License Request

Change of Name: You must notify the Department of Justice (DOJ) of any name change no later than 30 days after the change. The Department of Justice is required to conduct a new background check pursuant to Jus 17.08 (2).

Fees: You must include a check in the amount of \$22 made payable to the Wisconsin Department of Justice which includes the background check and replacement license fee pursuant to Jus 17.08 (3).

Prior to submitting this form, notify the Department of Transportation of the change to ensure the name on your photo identification will match the name on your concealed carry license.

Instructions

- Complete the licensee information below as it appears on your license.
- Enter your new legal name.
- You must include a check in the amount of \$22 made payable to the Wisconsin Department of Justice for the background check and replacement license pursuant to Jus 17.08 (3).
- Mail completed form to: Wisconsin Department of Justice
Attn: Firearms Unit P.O. Box 7130 Madison, WI 53707-7130
- A new license will be mailed to you.

Application Number (DOJ Use Only)

(DOJ Use Only)

Old License Number (DOJ Use Only)

New License Number (DOJ Use Only)

Date Updated (DOJ Use Only)

Operator (DOJ Use Only)

LICENSEE INFORMATION

***** Enter as it appears on your concealed carry license *****

Concealed Carry License Number:

Last Name:

First Name:

Middle Name or Initial:

Suffix:

Date of Birth:

CHANGE OF NAME NOTIFICATION

Enter your complete new legal name:

Last Name:

First Name:

Middle Name or Initial:

Suffix:

I affirm that the information contained here is true and complete to the best of my knowledge. I understand I may be prosecuted if I intentionally give false information. The penalty for making a false statement is a fine of up to \$10,000, imprisonment of up to 9 months, or both [s. 946.32(2), Wis. Stats.] and for falsifying a document a fine of up to \$10,000, imprisonment up to 9 months, or both [s. 943.38, Wis. Stats.]

Date: _____ X _____ Licensee Signature