

**REQUEST FOR DUPLICATE PERMIT
TO CARRY A CONCEALED HANDGUN
COMMONWEALTH OF VIRGINIA
HENRY COUNTY**

PERMIT NO. _____

I, **(FULL NAME)** _____, hereby request that this court issue to me a duplicate permit to carry a concealed handgun. In support of this request, I state under oath the following information and make the following representations:

1. My **current address** is:

Mailing address if Post Office:

SSN: _____ (optional)

DATE OF BIRTH: _____

TELEPHONE NO. _____

HEIGHT: _____ "

WEIGHT: _____ lbs

SEX: _____

HAIR COLOR: _____

EYE COLOR: _____

2. I received a permit to carry a concealed handgun from this court on or about _____ (date)

3. I am not currently subject to any condition described in the Virginia Code § 18.2-308.09 which would disqualify me from having a permit to carry a concealed handgun.

4. I am not currently subject to a protective order issued by a court. I have not been ordered by a court issuing a protective order to surrender my permit to carry a concealed handgun pursuant to Virginia Code § 18.2-308.1:4. I understand that failure to surrender a permit to carry a concealed handgun while subject to a protective order is a Class 1 misdemeanor.

5. **I request a duplicate permit to carry a concealed handgun because:**

I further certify under oath that this duplicate permit to carry a concealed handgun is not sought for any fraudulent purposes and that the information I have given is true to the best of my knowledge and belief.

Date _____ **Signature** _____

Commonwealth/State of VIRGINIA

City County of _____

Subscribed and sworn to/affirmed before me on this date by the above-named person

DATE

CLERK DEPUTY CLERK

NOTARY PUBLIC

My commission expires.....