



## DUPLICATE HANDGUN LICENSE REQUEST AND/OR NOTIFICATION OF NAME OR ADDRESS CHANGE

State Form 53228 (R / 7-07)

Approved by State Board of Accounts, 2007

INDIANA STATE POLICE

- INSTRUCTIONS:**
1. Any payment due may be made via a certified check or money order made payable to the State of Indiana.
  2. Please send payment to: Indiana State Police, Firearms Section, PO Box 3089, Indianapolis, IN 46206-3089.
  3. If no fee is due, the request may be faxed to: 317-233-9730.
  4. The laws regulating handgun licensing are covered in IC 35-47-2. Indiana statutes are available at <http://www.in.gov/legislative/>.

**I am submitting this written request to the Superintendent of the Indiana State Police for the following purpose:**

- Notification of new address only (*no fee*)
- Notification of name change only (*no fee*)
- Request for duplicate license (\$20 fee)
- Notification of name or address change and request for a duplicate license (\$20 fee)
- Request for a duplicate license by a retired Law Enforcement Officer, Deputy, or Corrections Officer (*fee exempt under IC 35-47-2-4*)
- Request for a duplicate license by an Indiana Licensed Handgun Dealer (*fee exempt under IC 35-47-2-4*)

### ORIGINAL LICENSE INFORMATION

License number ( <i>if known</i> )	Date of birth ( <i>month, day, year</i> )
Name	
Address ( <i>number and street, city, state, and ZIP code</i> )	

### PLEASE CHANGE MY NAME OR ADDRESS INFORMATION TO THE FOLLOWING (*if applicable*)

Name	Telephone number ( <i>optional</i> ) (       )
Address ( <i>number and street, city, state, and ZIP code</i> )	

### REASON FOR REQUEST

- Lost original license                       New address                       Legal name change
- Other (*please explain*) \_\_\_\_\_

Signature	Date ( <i>month, day, year</i> )
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