**REQUEST FOR DUPLICATE PERMIT**

**TO CARRY A CONCEALED HANDGUN**

**COMMONWEALTH OF VIRGINIA Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To the Circuit Court of Augusta County**

**I,** Click here to enter text. **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 physical and mailing address is:** Click here to enter text.

**My current telephone number is:** Click here to enter text.

**2. Current descriptive information: Gender:**Click here to enter text. **Height:**Click here to enter text. **Weight**Click here to enter text. **Hair Color:**Click here to enter text. **Eye Color:**Click here to enter text. **DOB:**Click here to enter text.

**3. The date that my original concealed handgun permit was issued by this Court is:** Click here to enter text.

**4. I am not currently subject to any condition described in subsection E of Virginia Code §18.2-308 which would disqualify me from having a permit to carry a concealed handgun.**

**5. I am not currently subject to a protective order issued by a court.**

**6. 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.**

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

Click here to enter text.

**Check the one that applies:** [ ]  **My permit was lost or destroyed ($5)**

[ ]  **My legal name has changed ($5)**

**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 of Virginia, County of Augusta:**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Date Clerk/Deputy Clerk/Notary***

**My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**