



**CONCEALED FIREARMS PERMIT
CHANGE OF ADDRESS
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
Fingerprint - CCW**



**400 S Martin Luther King Blvd. Bldg. C
Las Vegas, NV 89106**

Phone: (702) 828-3271

Fax: (702) 828-4284

Email: ccwupdates@LVMPD.com

NRS 202.367 - Section 4 **requires** notification be made in writing to LVMPD within 30 days of a person's primary residence changing. Failure to comply with this section 4 of NRS 202.367 could result in a penalty fine of \$25.00. Address changes are processed free of charge with LVMPD. If you need to update your address with LVMPD in regards to your CCCW Permit, email this completed and signed document to the required email listed above. You can also fax this completed and signed document to the fax number listed above.

PLEASE PRINT

Name (First, Middle, Last): _____

Permit Number: _____

Permit Expiration Date: _____

PHYSICAL

NEW PHYSICAL ADDRESS: _____

CITY/STATE/ZIP CODE _____

MAILING *(If Different)*

NEW MAILING ADDRESS: _____

CITY/STATE/ZIP CODE _____

PRIMARY PHONE: () _____ **SECONDARY PHONE:** () _____

SIGNATURE _____ **DATE** _____

~~~~~**DO NOT WRITE BELOW THIS LINE**~~~~~

SCOPE ENTRY \_\_\_\_\_ JLINK ENTRY \_\_\_\_\_