



**LAW ENFORCEMENT OFFICERS SAFETY ACT LICENSEE**  
**REQUEST FOR CHANGE OF PERSONAL INFORMATION**

I hereby request that the Kentucky State Police change and update the personal information I previously provided in connection with my Law Enforcement Officers Safety Act (LEOSA) license and/or application as indicated below.

I certify the information listed below is accurate and complete. I also certify that I understand that this Request for Change of Personal Information is executed under oath, and that the submission of any materially false information or document subjects me to criminal prosecution under KRS 523.030.

**Please Print Legibly and Circle Changes**

LEOSA License Number (contact CCDW Section if unknown): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Street Number: \_\_\_\_\_      Street Name: \_\_\_\_\_

Apartment Number: \_\_\_\_\_      Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_      KY Zip Code: \_\_\_\_\_

County of Residence (Required): \_\_\_\_\_ Sheriff ORI: \_\_\_\_\_

**Signatures (Required):**

Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sheriff: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NO FEE IS CHARGE FOR CHANGE OF PERSONAL