

CONCEALED WEAPONS LICENSE REPLACEMENT AFFIDAVIT

I,	, attest my Flor	, attest my Florida Concealed Weapons License has been	
(Print)			
Lost	□ Stolen	Destroyed	
Date of Birth:	Phone Numb	ber:	
Address:(Street addre	ess)	(City, State, Zip)	
Customer's Signature:		Date:	
State of Florida County of Manatee			
The foregoing was sworn to (or af	firmed) and subscrib	bed before me by means of [] physical	
presence or [] online notarization	, this day of	, 20, by	
Signature of (Printed, Ty	`Notary ped, or Stamped Na	me of Notary)	

[] Personally Known OR[] Produced IdentificationType of Identification: ______