

**REQUEST FOR DUPLICATE PERMIT TO
CARRY A CONCEALED HANDGUN
COMMONWEALTH OF VIRGINIA**

File/Case Number: _____

To the Circuit Court of Loudoun County

I, _____ (First, Middle, Last) 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 address, physical features and telephone number are as follows:

Current Address: _____
Street Address

City State Zip Code

DOB: _____(Mo/Day/Year) Gender: _____(M/F)

Height: _____(ft) _____(in) Weight: _____ lb

Hair: _____(spell out) Eyes: _____(spell out)

Telephone number: (_____) _____

2. I received a permit to carry a concealed handgun from this court on or about _____
3. I am not currently subject to any condition described in subsection E of the Virginia Code §18.2-308 which would disqualify me from having a permit to carry a concealed handgun.
4. I am not currently subject to a protective order issued by a court.
5. 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.
6. I request a duplicate permit to carry a concealed handgun because:

I lost my permit

My permit was stolen

My name has changed

My permit is destroyed/no longer readable

Other: _____

I further certify 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