

# TEXAS DEPARTMENT OF PUBLIC SAFETY

## REGULATORY LICENSING SERVICE

CONCEALED HANDGUN LICENSING BUREAU

P. O. Box 4087 Austin, Texas 78773-0245

(800) 224-5744 (512) 424-7293

### REQUEST TO UPDATE OR REPLACE CONCEALED HANDGUN LICENSE FOR AN ACTIVE JUDICIAL OFFICER OR PROSECUTING ATTORNEY

1. Complete all applicable parts of this form, sign and date. (Type or print in blue or black ink)

NAME: LAST, FIRST, MIDDLE (AS IT APPEARS ON CONCEALED HANDGUN LICENSE)	
CONCEALED HANDGUN LICENSE NUMBER:	<input type="checkbox"/> DRIVER LICENSE / <input type="checkbox"/> I.D. NUMBER
STATE _____	NUMBER _____

2. Check the appropriate box(es) to indicate the reason for requesting an updated or replacement license.

- Active Judicial Officer / Prosecuting Attorney Indicator
- Modification of License Action Type - include two recent color passport photos and the original copy of the new handgun proficiency certificate.
- Name – must include documentation on name change. Provide new name in the area provided below.

NEW NAME: LAST, FIRST, MIDDLE (IF APPLICABLE)
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Address change:

- Complete all applicable address fields to reflect *new* address information.
- Non-residents – include a front and back color copy of your driver license or ID card. Copies of poor quality will not be accepted.

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ COUNTY \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fee waived on initial license replacement to include HB2300 indicator. Additional replacements will be processed at a fee of \$25. Fee remains waived for Felony Prosecutors.

I hereby certify that I meet the requirements for the issuance of a Judge/Prosecutor concealed handgun license under GC §411.179 by signing in the box below. \_\_\_\_\_

Date

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