



ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

Lost Carry Concealed Weapon (CCW) License

CCW LICENSING DESK

320 N. FLOWER STREET, 4TH FLOOR, SANTA ANA, CA 92703

| | | | |
|------------------|-------------------|-------------|-------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | M.I. | Date |

Address: _____

Phone: _____ Local Agency# or License #: _____

_____ Agency Report Filed with _____

Date of Loss Location of Loss

Report # _____

Circumstances of Loss:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ in _____
Date City

Signature: _____

Please upload this form to your Amendment request.