

Wyoming County Sheriff's Office One Courthouse Square Tunkhannock, PA 18657

Office: 570-996-2265 Fax: 570-836-3078 www.wycopa.org



Robert L. Roberts, Sheriff

NAME (FIRST, MIDDLE, LAST, SUFF	FIX)	DATE OF BIRTH	DRIVER'S LICENSE #/STATE
STREET ADDRESS	CITY		STATE AND ZIP
PHONE #		LICENSE TO CAR	RRY # (IF KNOWN)
I,	her	eby request a du	plicate copy of my Pennsylvania
License to Carry Firearms d	ue to the following rea	ison:	plicate copy of my Pennsylvania
My Pennsy My Pennsy Other: I hereby certify that the staten		y Firearms was a y was stolen and herein are true	e and correct to the best of my
subject to the penalties prescri	ibed by §4904 of the Perd the Uniform Firearms.	nnsylvania Crime: Act. I further unde	erstand that, if my original License to
Signature	Date		
If your mailin	ng address is different that yo	our physical address.	please provide it here:
	(Mailing	; Address)	
			r money order for \$5.00 payable y of your valid License to Carry
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