

To Whom it May Concern:

Please be advised that my concealed weapon license has been

- Lost
- Stolen
- Destroyed

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

STATE OF FLORIDA  
COUNTY OF WALTON

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date), by the above listed individual, who has produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_

Notary Public