Office of Attorney General Steve Six
Concealed Carry Handgun Unit

Change of Address or Name on Kansas Concealed Carry License

Name: _____
(first, middle, last - as it appears on concealed carry license)

Date of Birth: _____ License # _____
(mm/dd/yyyy) (K00-00-0000)

Last 4 Digits of Social Security Number: _____

Name Change: _____
(first, middle, last – as it will appear on the concealed carry license)

Old Address: _____ City: _____, KS _____
(old residence) Zip

New Address: _____ City: _____, KS _____
(new residence) Zip

Mailing Address: _____ City: _____, KS _____
(if different from residence address) Zip

Signature: _____ Date: _____
(licensee) (mm/dd/yyyy)

Mail To: Office of Attorney General
Concealed Carry Unit
120 SW 10th Avenue, 4th Floor
Topeka, KS 66612-1597

or

Fax To: Office of Attorney General
Concealed Carry Unit
785-368-6468

NOTE: Name and address changes must be made on your driver's license as well at the concealed carry license. Upon notification of an address or name change, the Attorney General will mail to the licensee an approval to reissue the concealed carry license. This approval must be taken to a Driver's License Bureau to obtain a new license. The Driver's License Bureau will not reissue a concealed carry license without the Attorney General's notice of approval.