Office of Attorney General Stephen N. 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)

Residence Address: _____ City: _____, KS _____
(as it appears on CCL) Zip

Residence Change: _____ City: _____, KS _____
(as it will appear on CCL) 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
720 SW Jackson, Suite 204
Topeka, KS 66603

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.