

**IN THE PROBATE COURT OF NEWTON COUNTY
STATE OF GEORGIA**

IN RE: _____)
) **LICENSE NO.** _____
)
Licensee _____)

**Request to Change Georgia Weapons Carry License
Pursuant to O.C.G.A. §16-11-129(e)(4)**

Petitioner, _____, has a Georgia Weapons Carry License *issued by Newton County Probate Court* on _____, 20____. Such license has more than 90 days remaining before expiration. Since receiving my Weapons Carry License, the following information has changed;

Initial and Complete Applicable Section(s):

_____ (A) **Petitioner’s physical address has changed.** The former address listed on the

License: _____

The petitioner requests that the following new address be listed on the License:

I understand that I will need to show proof of my new address by producing my current state-issued driver’s license or identification card which show my new address.

_____ (B) **Petitioner’s name has changed.** The former name as listed on the License:

The petitioner requests that the following new name be listed on the License:

I understand that I will need to show proof of my address by producing my current state-issued driver’s license or identification card which shows my new name.

Petitioner hereby requests that his/her current Weapons Carry License be updated to match the above information and understands that the fee for such update is \$7.00.

Further, Petitioner acknowledges that he/she will be required to surrender their old Weapons Carry License pursuant to O.C.G.A. §16-11-129(e)(4) in order to receive the updated Weapons Carry License. Petitioner further declares under penalty of perjury that the above information is true and correct.

Petitioner: _____ Date: _____
Signature

Printed name: _____

Address: _____
Street Address City State Zip

Phone: _____

VERIFICATION

Georgia, Newton County

The undersigned petitioner appeared before me who on oath states the facts set forth in the foregoing petition are true.

Signature of Petitioner/Applicant

Printed Name of Petitioner/Applicant

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Signature of Notary and/or Probate Clerk

**Probate Court / Servicing Agency
Name-Based NICS CHRI Consent Form**

Probate Court Name	Newton County Probate Court
Servicing Agency Name	Newton County Probate Court

Probate courts are required, under O.C.G.A. § 16-11-129 (d)(2), to complete a National Instant Criminal Background Check (NICS), prior to issuing a Weapons Carry License or renewal.

I hereby authorize the Probate Court, or their Servicing Agency, to conduct a NICS check to receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (Print):			
Address:			
Sex	Race	Date of Birth	SSN (optional)

Signature

Date

The NICS name-based background check must be performed using the following information:

- o Purpose Code F (for initial and renewal applications)
- o The following ORI GA 107023J.

___ IAQ is requested, as the applicant is a non-U.S. Citizen. (Check if applicable).

For Office Use Only:

- Servicing agencies must provide all information that returns from the CJIS network to the Probate Court to include restricted file information.
- Probate Courts must review the record responses to ensure an NTN is provided for each inquiry. • If the transaction returns an FBI UCN or SID in the response, an FQ must be performed on each.
- An Involuntary Hospitalization response MUST be included in the paperwork returned from the inquiry.

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____