



# ALLEGHENY COUNTY SHERIFF'S OFFICE

WILLIAM P. MULLEN,  
SHERIFF

KEVIN M. KRAUS,  
CHIEF DEPUTY

## LOST / STOLEN LICENSE AFFIDAVIT

The affidavit herein, after having been duly informed of the consequences of a false statement, makes the following representation regarding License to Carry Firearms Number \_\_\_\_\_ issued to him/her.

1) That his/her License to Carry Firearms was lost or misplaced and he/she has no idea where it is located,

2) That his/her License to Carry Firearms was destroyed as a result of:

3) That his/her License to Carry Firearms was stolen and it was reported to the local law enforcement agency: (CCR #, Agency Name, Officer, etc):

I, \_\_\_\_\_, hereby verify that the statements in this affidavit are true and correct to the best of my knowledge, information and belief.

I understand that false statements, herein, are made subject to the penalties of pursuant to 18 Pa.C.S. §4904, relating to Unsworn Falsification to Authorities

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Commonwealth of Pennsylvania  
County of Allegheny

Sworn and subscribed to me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public