



Scott Lunsford · Escambia County Tax Collector

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MISCELLANEOUS CONCEALED WEAPON AFFIDAVIT

This form is to be completed when one or more of the following certifications must be made.

Applicant's Name _____ Florida Permit Number* _____ Date _____
Initial Below

I hereby certify that my Florida Concealed Weapon License has been stolen. _____

I hereby certify that my Florida Concealed Weapon License has been lost. _____

I hereby certify that my Florida Concealed Weapon License has been destroyed. _____

STATE OF FLORIDA
COUNTY OF Escambia

Sworn to (or affirmed) and subscribed before me by means of physical presence, this _____ day of _____, 20____, by:

Signature of Notary Public – State of Florida

Print/Type/Stamp Commissioned Name of Notary Public

[Seal]

Personally Known OR Produced Identification

Type of Identification Produced: _____

I need to update my name: _____
First Middle Last

I need to update my email address: _____

I need to update my phone number: _____

***NOTE: Your current license number is required to process your application. For your privacy, tax collector staff cannot access concealed weapon license records to assist you with recovering that license number. Please call 850-245-5691 for assistance prior to your arrival at our office.**

Thank you for allowing our office to assist with your concealed weapon license application. As part of your application, you are required by law to read and become knowledgeable of the provisions of Chapter 790, Florida Statutes, available online at www.leg.state.fl.us/statutes/.

All questions concerning your application should be directed to FDACS. You may track your application online at www.fdacs.gov/consumer-resources/concealed-weapon-license or by calling 850-245-5691 and selecting option one (1).

Your tracking number is _____ Date _____

This affidavit will be returned to you at the conclusion of this transaction.