

## OHIO SHERIFFS' CONCEALED CARRY REQUEST/NOTIFICATION



TO The Sheriff of:			
Address:	daka adama emadikasi		35 # 1153
City	State: OH	Zip:	
This request/notification is in reference to the following resident of your county:			
Name:			
Address:			
City:	State	Zip:	
Date of Birth:	Social Security #		
License #	Expiration D	Expiration Date:	
X APPLICATION¹ This person has applied for a concealed carry handgun license. Please check your records, including Expunged/Sealed records, and if you have knowledge of any reason this license should not be issued, please contact our office immediately.  ARREST/CHARGE NOTIFICATION² This person is currently in possession of a concealed carry license, or temporary concealed carry license, and has been arrested/charged in our jurisdiction for the offense(s) listed below.			
If you have any questions regarding any of the above, please contact the licensing agency listed below for further information.  Law Enforcement Authority:			
	Signature	Title	Date
Name:			
Address:			
City:	State:	Zip:	
Phone: FAX#			

<sup>&</sup>lt;sup>1</sup> In accordance with ORC Section 2923.125, any information that you may keep on file in reference to this request must be destroyed within 20 days of the date of your receipt of this request, unless notified otherwise by the requesting agency.

requesting agency.

This information is being provided for you to notify the licensee of suspension. License must be surrendered within ten (10) days of receipt of this notice to the licensing agency. Failure to do so may result in criminal charges. Licensee may appear at licensing agency within fourteen (14) days of notice mailing. If ruling upheld, licensing agency shall revoke and licensee must surrender license immediately.