



REQUEST FOR DUPLICATE LEOSA LICENSE

I hereby request that the Kentucky State Police issue a duplicate Law Enforcement Officers Safety Act (LEOSA) license since my LEOSA license was either lost, stolen or destroyed on or about the date listed below.

I certify that I understand the information contained herein is truthful and is executed under oath, and I also understand that the submission of any false information subjects me to criminal prosecution under KRS 523.030.

PLEASE PRINT

Applicant Name _____

DOB ____/____/____ SSN (Required): ____/____/____

Date Lost/Stolen/Destroyed (Required): _____

Check Correct Space (Required): ____ Lost/Stolen ____ Destroyed

LEOSA License Number (Contact KSP CCDW Office if unknown) _____

County of Residence (Required) _____

Signature (Required):

Applicant / Date _____

COMMONWEALTH OF KENTUCKY

COUNTY OF _____

The foregoing instrument was sworn to and acknowledged before me by the LEOSA licensee identified above this ____ day of _____ (Month), _____ (Year).

Notary Public, State at Large

My commission expires: _____

Sheriff / Date _____