

# DUPLICATE ID FORM

(Mail in only. No walk-ins.)

## State of Connecticut

Department of Emergency Services and Public Protection  
Special Licensing & Firearms Unit  
1111 Country Club Road  
Middletown, Connecticut 06457-2389  
DPS-900-C-1 (Rev. 11/14/2022)

**NAME:**

**ADDRESS:**

**CITY, STATE, ZIP**

**TELEPHONE:**

**EMAIL:**

**DATE OF BIRTH:**

**DUPLICATE REQUESTED:** (check all that apply)

Pistol Permit  Security Guard Card  Bondsman

Long Gun Eligibility Certificate  Bail Enforcement

Eligibility Certificate  Ammunition Certificate

**IF KNOWN, WRITE PERMIT OR CERTIFICATE**

**NUMBER HERE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER: (OPTIONAL)**

**EYE COLOR:**                      **HEIGHT:**      **FT.**      **IN.**

**WEIGHT:**      **LBS.**      **SEX:**      **RACE:**

**A=ASIAN/PACIFIC ISLANDER**  
**B=BLACK/AFRICAN AMERICAN**  
**I=AMERICAN INDIAN/ALASKAN NATIVE**  
**W=WHITE**  
**U=UNKNOWN**

### PLEASE DO THE FOLLOWING:

1. Include a \$5.00 check or money order (for each duplicate requested) payable to "Treasurer State of Connecticut". Do NOT send cash.
2. If you are changing your name, a copy of court documentation must be included (i.e., marriage certificate, divorce decree or court document indicating name change). Do NOT send original.
3. PHOTO IS OPTIONAL-we will use what is on file.

### **\*\*PHOTO IS OPTIONAL\*\***

If you want a new photo:

Using transparent tape, attach a 2" x 2" passport-type photo of yourself taken within the past 6 months in this square.

Please sign within the box to confirm you have read the information below

By affixing my signature to this form, I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See C.G.S. § 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the denial of such application. If approved before the facts are known, such approval shall be void if based on a false or inaccurate statement. I am also acknowledging that the attached photograph was taken of me within the preceding six (6) months.