

DELAWARE STATE POLICE – PROFESSIONAL LICENSING
REQUEST TO CHANGE WEAPON

EMAIL TO:

dsp-prolicense@delaware.gov - THIS HAS CHANGED



DATE: _____

APPLICANT NAME _____
(LAST) (FIRST) (MI)

ADDRESS: _____

(CITY) / (STATE) / (ZIP)

DATE OF BIRTH _____

EMPLOYER: _____

*[] FIREARMS GUARD *[] ARMORED CAR GUARD *[] BEA *[] CONSTABLE

CURRENT WEAPON INFORMATION: MAKE _____
MODEL _____
CALIBER _____

CHANGING TO: _____ ADDING: _____

WEAPON INFORMATION: MAKE _____
MODEL _____
CALIBER _____

REASON FOR CHANGE/ADDITION REQUEST: _____

_____ I (*applicant*) have reviewed the Rules & Regs regarding changing my weapon for my armed
(Initial) status in the above industry(s).*

PROFESSIONAL LICENSING: _____ APPROVAL _____ DENIAL

COMMENTS: _____
