



**IN THE PROBATE COURT OF ROCKDALE COUNTY
STATE OF GEORGIA**

IN RE: _____)
 _____) **LICENSE NO.:** _____
 _____)
 Petitioner/Licensee (Full name on current WCL))

**Petition for Replacement Georgia Weapons Carry License
Pursuant to O.C.G.A. § 16-11-129(e)**

Petitioner has a Georgia Weapons Carry License issued by **Rockdale County Probate Court** on _____, as numbered above. Such license has more than 90 days remaining before expiration. Since receiving my Weapons Carry License, the following has occurred:

[Initial and complete A, B, C or D as applicable]

_____ **(A)** – Petitioner’s License referenced above was lost/stolen/damaged. Petitioner requests that a replacement license be issued. I understand that I will need to show proof of such loss by producing a copy of the applicable police report if the court requests it.

_____ **(B)** – Petitioner’s physical address has changed. My new address is:

Petitioner requests that a replacement license be issued showing Petitioner’s new address. I understand that I will need to show proof of my new address by producing my current state-issued identification card or driver’s license with my new address.

_____ **(C)** – Petitioner’s legal name has changed. My new legal name is:

Petitioner requests that a replacement license be issued in Petitioner’s new legal name. I understand that I will need to show proof of my new name by producing a copy of my marriage certificate, divorce decree or other order changing my name or my current state-issued identification card or driver’s license issued in my new name.

_____ **(D)** – Other: _____

Petitioner understands that the fee for such update is **\$6.00**. Petitioner acknowledges that the law requires the former license to be surrendered to and destroyed by the Court upon receipt of the replacement Weapons Carry License.

In conjunction with the issuance of a replacement Georgia Weapons Carry License, I hereby authorize the Probate Court to request and received any criminal history record and other background information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, in any state or local criminal justice agency in the United States or its territories, and in the Federal Bureau of Investigation (FBI).

Petitioner further declares under penalty of perjury that the within and foregoing information is true and correct.

Petitioner's Signature

Date

Petitioner's Phone Number

VERIFICATION

Georgia, Rockdale County

The undersigned petitioner appeared before me who on oath, states the facts set forth in the foregoing Petition are true.

Signature of Petitioner/Licensee

Printed Name of Petitioner/Licensee

Sworn to and subscribed before me this
_____ day of _____, _____

Deputy Clerk Probate Court

For Court Use Only

On _____ the applicant:
_____ was issued a firearm license
_____ was denied a firearm license
_____ firearm license was mailed
_____ picked up the firearm license

Judge/Clerk of Probate Court

_____ new applicant _____ renewal

NTN # _____

Approved by Judge: _____
(if required)



Gary W. Washington, Judge
Probate Court of Rockdale County
874 N. Main Street, N.W. (*Street Address*)
P. O. Box 289 (*Mailing Address*)
Conyers, Georgia 30012

I understand that pursuant to O.C.G.A. § 16-11-129, the Probate Court has the authority to require a name-based background check before issuing a replacement weapons carry license. I am providing the following information so that an inquiry can be made into any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency in Georgia which may utilize the Georgia Criminal Information Center (GCIC) and National Criminal Information Center (NCIC).

Please print the following:

Name: _____
Last Name First Name Middle Name

Address: _____
Street Address City State Zip Code

Sex: Male Female

Race: _____ Date of Birth: _____ (dd/mm/yyyy)

Social Security No.: _____ - _____ - _____ (OPTIONAL)

Signature

Date

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>. Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from the agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

PRIVACY ACT STATEMENT

This Privacy Act Statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation and exchange of fingerprints and associated information is generally authorized under 28 U.S.C 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal and latent fingerprint repositories), or other available records of the employing, investigating or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket.

Routine Uses: Routine Uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances and other suitability determinations; local, state, tribal or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 2/4/2021

PRIVACY RIGHTS NOTIFICATION FORM

APPLICANT'S PRIVACY RIGHTS NOTIFICATION

(Applicant's Notification and Record Challenge)

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating a FBI identification record is set forth in Title 28 Code of Federal Regulations 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set for in 28 CFR 16.30-16.33, or go the FBI website at <http://fbi.gov/about-us/cjis/background-checks>.

By signing this document below, I hereby state that I have reviewed a copy of the Non-Criminal Justice Applicant's Privacy rights form and the Privacy Act Statement.

SOCIAL SECURITY NUMBER NOTIFICATION

(Notice required under Section 7(b) of the Federal Privacy Act of 1974)

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary by what statutory or other authority such number is solicited and what uses will be made of it.

The Probate Judge of **Rockdale County** is authorized to request Social Security numbers pursuant to *Official Code of Georgia Annotated*, Section 16-11-129, which regulates firearms licensing checks and also under Rule 24.1, *Uniform Rules for the Probate Courts* in other situations as set forth therein including guardianships, conservatorships and estates. The Social Security number blanks appear in certain forms published by the State of Georgia and by the local Court.

The Social Security number is used as a secondary identifier when processing checks of criminal history records maintained by the state and federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number might be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, it is not proper to deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number.

However, the absence of a Social Security number as a secondary identifier may delay processing and decisions because of necessary additional investigative time. Note that the absence of a Social Security number may result in an individual initially being identified as having a criminal record which actually is that of another person.

This again may result in delays in the decision.

I have received the above privacy information regarding my privacy rights and Social Security number, and I choose to:

- Provide my Social Security number: _____ - _____ - _____
- Not provide my Social Security number.

Date

Print Name

Applicant's Signature