

LIFETIME LICENSE REPLACEMENT AFFIDAVIT

State Form 31540 (R4 / 4-15)

DEPARTMENT OF NATURAL RESOURCES CUSTOMER SERVICE CENTER

402 W. Washington St., Rm. 160A Indianapolis, IN 46204 Telephone number: (317) 232-4200

Instructions: 1. Please type or print information in ink; illegible affidavits will be returned.

- 2. All sections must be complete before submitting.
- 3. The application must be mailed to the address at right. Faxed or emailed copies are not accepted.
- 4. This form must be notarized; unnotarized affidavits will be returned.

Today's Date (month, day, year)			
Name of Applicant (First, Middle Initial,	Last)		
Birth Date (month, day, year)	Telephone	e Number	
Current Physical Address (Number and	Street or Rural Route)	
Mailing Address (if different than above))		
City	State ZIP (Code	County
E-mail Address			
Are you requesting a name change on y If yes, enclose a copy of legal docu			
What was your original license type? _			_ License Number
When was it purchased (Month, Year)?			
	OATH an	d SIGNATURE	
	ore, request the replac	cement of said Lifetir	I that said Lifetime License was indeed lost, me License. Under the penalties of perjury (IC f my knowledge.
Signature of Applicant			Date (month, day, year)
	TO BE COMPLETE	D BY NOTARY PU	<u>BLIC</u>
Subscribed and sworn to before me this	·	day of	, 20).
County:			
Signature of Notary Public			Date (month, day, year)
Printed Name:			
Date Commission expires (month, day, year	r):		
	FOR OFF	ICE USE ONLY	
License Type/Number:		Approved by:	
Date (month, day, year):			
Comments:			