



## SUPPLEMENTAL AFFADAVIT FOR JUDICIAL "SPECIAL STATUS" CCDW LICENSE

Pursuant to KRS 237.110, a request is made for a "SPECIAL STATUS" CCDW License, based on the information provided below which authorizes the requestor identified herein to obtain such a license:

Permit Applicant/Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ CCDW Permit # \_\_\_\_\_

### ACKNOWLEDGMENT BY APPLICANT

I have applied for a Judicial "Special Status" Carry Concealed Deadly Weapon Permit from the Kentucky State Police. I understand that I must meet the criteria defined in KRS 237.110, as a CCDW permit holder in addition to completing this affidavit, in order to be eligible to be issued this "Special Status" CCDW License. I am requesting this "Special Status" CCDW Permit, under the following provision:

Commonwealth/Assistant Commonwealth Attorney                      Specify Circuit: \_\_\_\_\_  
County/Assistant County Attorney    Specify County: \_\_\_\_\_  
Judge (Specify District/Circuit Location: \_\_\_\_\_)  
Retired Judge (Specify last judicial position/location: \_\_\_\_\_)

I understand that the information provided may be verified by the KSP with the Prosecutor's Advisory Counsel (PAC), the Kentucky Court of Justice and/or the Judicial Retirement System and I authorize the release of any records by these entities to the Kentucky State Police for verification purposes. I further understand that I am only entitled to this Judicial "Special Status" CCDW Permit, while I am serving in one of the positions identified above. I further understand that if my status changes at anytime, and I no longer fit one of the provisions specified above, I must return my Judicial "Special Status" CCDW Permit to: Kentucky State Police, Records Branch, CCDW Section, 1250 Louisville Road, Frankfort, KY 40601; within 10 days, with a written request that this permit be re-issued as a "Standard" CCDW Permit.

I certify under oath and under penalty of law that the information provided above is true and complete to the best of my knowledge, sworn before me on \_\_\_\_\_, 20\_\_\_\_.

Signature of Applicant: \_\_\_\_\_

Notary: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

**\*\*\*\*Please attach a copy of your Judicial/Prosecutor Identification Card\*\*\*\***