



Nebraska State Patrol  
**Nebraska Concealed Handgun Permit**



**Application for Revocation of  
Concealed Handgun Permit**

To the County Attorney of \_\_\_\_\_ County, Nebraska:

The following information has come to my attention concerning the following permit holder which appears to affect his or her qualifications to hold a permit and which may result in revocation of the permit.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Permit No. \_\_\_\_\_

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

Information or incident which may disqualify permit holder: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The permit has/has not been seized as evidence for a revocation proceeding.  
*(circle one)*

\_\_\_\_\_  
Signature/Badge

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone Number

Please submit a copy of this form as soon as it is filed with the County Attorney to:

Nebraska State Patrol Criminal Identification Division, Attention Concealed Carry Handgun at  
nsp.ccw@nebraska.gov or fax to 402-479-4321.