

APPLICATION FOR UNRESTRICTED PISTOL LICENSE

STATE OF NEW YORK
COUNTY OF SCHOHARIE

_____ being duly sworn deposes and says: that he/she
resides at _____, NY _____; that he/she is the
Address Zip
holder of Pistol License No. _____ issued on _____.

That said license has never been suspended or revoked, and that deponent has not been arrested, indicted or convicted of any crime since License was issued and is not ineligible to possess firearms pursuant to a Court Order.

That deponent has never suffered any mental illness, or been confined to any hospital, public or private institution for mental illness since license was issued.

That the following have known deponent since the Pistol License was issued.

| Name | Mailing Address (include zip code) |
|----------|------------------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Additional information needed for Unrestricted License: Telephone #: _____

Height: _____(inches) Weight: _____ Date of Birth: _____ Social Security #: _____

Occupation: _____ Employed by: _____

Sworn before me on this _____
day of _____, 20_____

Notary Public
Deponent Signature

Unrestricted License

Issued: _____ Date: _____

Denied: _____

George Bartlett III, Schoharie County Judge

AFFIDAVIT

_____ being duly sworn deposes and states:
(Print name clearly)

I am the holder of Schoharie County Pistol Permit No._____.

Check One:

___ I hereby acknowledge that since my pistol permit was issued prior to January 15, 2013, pursuant to Penal Law §400.00(10)(b), I was required to re-certify my pistol permit (license) with the NYS Division of State Police on or before January 31, 2018.

I hereby state and swear under oath that I have complied with the requirements of Penal Law §400.00(10)(b) and, on or before January 31, 2018, I re-certified to the Division of State Police.

___ I hereby acknowledge I am required to re-certify my pistol permit every five years. My pistol permit was issued on _____. I completed the recertification on _____. My recertification number is _____.

___ I hereby acknowledge that since my pistol permit was issued on _____, I am not required to re-certify until five years from that date which is _____.
(re-certification date)

I sign this affidavit with the full knowledge that Schoharie County Court will rely on my representation in considering my request for a supplemental pistol permit and/or amendment.

(Signature)

STATE OF NEW YORK)
COUNTY OF SCHOHARIE)ss:

Sworn to before me this _____
day of _____, 20____.

Notary Public

IN A WRITTEN INSTRUMENT, ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT, WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE, HAS COMMITTED A CRIME UNDER THE LAWS OF THE STATE OF NEW YORK PUNISHABLE AS A CLASS A MISDEMEANOR (PENAL LAW SECTION 210.45.)