

# DUAL REGISTRATION REMOVAL OF FIREARMS

I, \_\_\_\_\_, wish to give \_\_\_\_\_,  
(CURRENT REGISTRANT) (NAME OF DUAL REGISTRANT)

residing at \_\_\_\_\_,

permission to remove the following firearms:

Schoharie County Permit # \_\_\_\_\_.

MAKE	CALIBER	SERIAL #	MODEL	REV/PISTOL

Current Registrant's information:

Print Name: \_\_\_\_\_ Pistol Permit #: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

