

DUAL REGISTRATION OF FIREARMS

I, _____, wish to dual register the following firearms

(CURRENT REGISTRANT)

with my _____, _____

(RELATIONSHIP, NAME OF DUAL REGISTRANT)

residing at _____

Schoharie County Permit # _____.

MAKE	CALIBER	SERIAL #	MODEL	REV/PISTOL

Current Registrant's information:

Print Name: _____ Pistol Permit #: _____

Address: _____

Signature: _____ Date: ____/____/____

