

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: ___/___/___

