



# SENECA COUNTY SHERIFF'S OFFICE

## PISTOL PERMIT UNIT

6150 State Route 96  
Romulus, New York 14541  
(315)220-3220

### REQUEST FOR DUPLICATE LICENSE - OR - TO ADD A WEAPON TO YOUR PERMIT

Pistol Permit Number:

Name:

Date of Birth:

Height:

Weight:

Place of Employment

Occupation:

(A) If you are seeking a duplicate license and are not turning in the original, state what happened to it?

(B) If stolen, state the police agency which you reported the theft to?

(C) Have you been arrested, indicted or convicted of any offense, except a non-alcohol related or non-criminal traffic offense SINCE YOUR ORIGINAL PISTOL LICENSE WAS ISSUED? IF YES, PROVIDE DETAILS

(D) Have you suffered or been treated for any substance or alcohol abuse or mental illness or been confined to any hospital or institution, public or private, for mental illness or substance or alcohol abuse SINCE YOUR ORIGINAL PISTOL LICENSE WAS ISSUED? IF YES, PROVIDE DETAILS

(E) Have you been involved in any Family Court proceeding SINCE YOUR ORIGINAL LICENSE WAS ISSUED? IF YES, PROVIDE DETAILS

(F) Have you been convicted of any traffic offense SINCE YOUR PISTOL LICENSE WAS ISSUED OR LAST AMENDED, WHICHEVER IS MOST RECENT. IF YES, PROVIDE DETAILS

Any omission of fact or any false statement will be sufficient cause to deny this application and constitute a crime punishable by a fine, imprisonment or both.

STATE OF NEW YORK }  
COUNTY OF SENECA } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the subscriber, personally appeared \_\_\_\_\_  
\_\_\_\_\_ to be known and known to me to be the same person described in and who executed the foregoing, and  
(s) he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public