



# SENECA COUNTY SHERIFF'S OFFICE

## PISTOL PERMIT UNIT

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

### DEPARTMENTAL AFFIRMATION

Name and address of applicant for pistol permit

Applicant's name:

Applicant's address:

Applicant's (City/Town/State/Zip Code):

I, \_\_\_\_\_ having submitted an Application for a New York State Pistol License **understand that any omission of fact or any false statement concerning my criminal history is cause for "IMMEDIATE DENIAL"**

**I UNDERSTAND THAT I MUST DISCLOSE all previous arrests, including arrests which never resulted in the filing of a charge, arrests which resulted in a dismissal, adjournment in contemplation of dismissal and all sealed records, including arrests which resulted in a "Certificate of Relief from Disabilities" and DWI arrests.**

**I understand that the fees are non-refundable and that any false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.**

State of New York }  
County of Seneca } ss:

I, \_\_\_\_\_, am the applicant named above. I have competed and read the foregoing document and know the contents thereof. The same is true to my own knowledge except as to matters therein stated upon information and belief, and as to those matters I believe them to be true.

Subscribed and sworn to before me this:

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF APPLICANT