

**APPLICATION FOR UNRESTRICTED PISTOL LICENSE**

STATE OF NEW YORK  
COUNTY OF SCHOHARIE

\_\_\_\_\_ being duly sworn deposes and says: that he/she  
resides at \_\_\_\_\_, NY \_\_\_\_\_; that he/she is the  
Address Zip  
holder of Pistol License No. \_\_\_\_\_ issued on \_\_\_\_\_.

That said license has never been suspended or revoked, and that deponent has not been arrested, indicted or convicted of any crime since License was issued and is not ineligible to possess firearms pursuant to a Court Order.

That deponent has never suffered any mental illness, or been confined to any hospital, public or private institution for mental illness since license was issued.

That the following have known deponent since the Pistol License was issued.

Name	Mailing Address (include zip code)
1. _____	_____
2. _____	_____
3. _____	_____

Additional information needed for Unrestricted License: Telephone #: \_\_\_\_\_

Height: \_\_\_\_\_(inches) Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Sworn before me on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_  
Deponent Signature

Unrestricted License

Issued: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_

\_\_\_\_\_  
George Bartlett III, Schoharie County Judge