

DUAL REGISTRATION

Date

Attention: Pistol Permit Clerk

I, _____, holder of _____
(Person giving permission) (County of Current License)

County Pistol Permit No. _____, with address of _____

_____, do hereby give permission to

_____, holder of Schoharie County Pistol Permit
(Person given permission)

No. _____ with address of _____

_____, to dual register the following handgun(s)

on his/her Schoharie County Pistol Permit.

Make

Caliber

Serial No.

Model

Rev/Auto

Signature (Person giving permission)

Print Name (Person giving permission)