

## **SUPPLEMENTAL PISTOL PERMIT LICENSE APPLICATION INSTRUCTIONS**

1. Application forms are to be submitted in **duplicate**. Fill in all blank spaces.
2. Sign **both** application forms in the **presence of a Notary Public** in the spaces provided.
3. The fee is \$5.00. It may be a Personal Check or U. S. Postal Money order payable to: "Schoharie County Sheriff".
4. **IMPORTANT:** When submitting this application, kindly include a list of handguns currently registered on your permit on a separate piece of paper. **Please make sure all the firearm information is accurate.**
5. **Return the application forms and \$5.00 fee to:**  
  
Schoharie County Sheriff's Office  
P.O. Box 689  
157 Depot Lane  
Schoharie, NY 12157
6. If you have any questions, please contact the Pistol Permit Clerk at 518 295-2226.

**\*\*\*APPLICANTS SHALL NOT BRING ANY FIREARMS INTO THE SCHOHARIE COUNTY OFFICE BUILDING OR THE SCHOHARIE COUNTY COURT HOUSE.\*\*\***

**APPLICATION FOR SUPPLEMENTAL PISTOL PERMIT**

State of New York  
County of Schoharie

\_\_\_\_\_ being duly sworn deposes and says:

That he/she resides at \_\_\_\_\_, NY \_\_\_\_\_;

that he/she is the holder of Pistol License No. \_\_\_\_\_ issued on \_\_\_\_\_.

That said license has never been suspended or revoked, and that deponent has not been convicted of any crime or misdemeanor, or violation of any penal code.

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

That deponent wished to apply for a supplemental permit because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information needed for license is as follows: Phone #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

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

\_\_\_\_\_  
(Deponent Signature)

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

Issued: \_\_\_\_\_  
County Judge