



OFFICE OF
STEUBEN COUNTY CLERK

Judith M. Hunter, Clerk
Sue A. Cleland, Deputy
3 East Pulteney Square
Bath, New York 14810

Phone:
County Clerk ..(607) 664-2563
Motor Vehicle ..(607) 664-2029

APPLICATION FOR APPROVAL FOR TRANSFER OF PISTOL PERMIT RECORDS

I, _____ currently residing at:

_____ hereby request
(street address) (City, State, Zip Code)

that my Pistol Permit Records (Pistol permit # _____, issued on _____) now on
file in _____ County be Transferred to the County of _____

Restriction on Current Permit: _____

Current Occupation _____ Employer: _____

SSN: _____ D.O.B. _____ Height: _____ Weight: _____

Phone Number: (home) _____ (work) _____

Previous address: _____
(street address) (City, State, Zip Code)

Previous Employer: _____

Firearms currently registered:

<u>Make</u>	<u>Model</u>	<u>Caliber</u>	<u>Rev/Auto</u>	<u>Serial Number</u>

Reason for requesting transfer : _____

I hereby certify that the above information is true and I am of Good Moral Character and have never been convicted of a "serious" offense (inc. Violation and misdemeanors set forth in Penal Law Section 265.00 Subdivision 17, and I have not been arrested, indicted or convicted of any offense since the license was issued, (If yes, please give specifics on back of form), and I have not been confined to a mental institution, or received treatment for a mental illness.

Sworn to and subscribed before me this

_____ day of _____, _____.

Notary Public

SIGNATURE OF APPLICANT

APPLICANT NAME: _____

APPLICATION FOR LIFTING OF RESTRICTIONS:

Current Restrictions: _____

Explanation and Request for removal of Restrictions: _____

BACKGROUND CHECK COMPLETE AND SATISFACTORY

DATE

SHERIFF'S SIGNATURE

APPLICATION APPROVED _____
DATE

JUDGE'S SIGNATURE