APPLICATION TO AMEND PISTOL PERMIT FOR THE PURPOSE OF REMOVING RESTRICTIONS

Name DOB	Permit # : Issue Date :	
SSN	:	
	: Are you a Herkimer County res	
	How many years at this address?	
	Place of Employment:	
from my pist Please answe explanation Since ye 1. Have ye 2. Have ye Do not 3. Have ye public of 4. Have ye 5. Do you use of a 6. Have ye	application in support of my request tol permit.	to have the restrictions amended/removed es" or "No". If the answer is "Yes" give an ment or the military for any cause? ustody anywhere for any offense? confined to any hospital/institution, drug abuse? eterfere with the safe and proper
	T T T T T T T T T T T T T T T T T T T	ossession: (Use additional sheets if necessary.)
Make		lake
Model		lodel
Caliber		aliber
Serial #	Se	erial #
Make	M	lake
Model		lodel
Caliber		aliber
Serial #		erial #
to amend/rem letter of explain the past three	nove the restrictions from your pistol perm mation from your employer. If for persona e years.	oplication detailing the specific reasons for your request nit. If for business or employment purposes submit a all protection reasons submit proof of training received in L BE SUFFICIENT CAUSE TO DENY THIS REQUEST.
	vorn before me this day of New York.	Signature of Applicant

Notary Public/Clerk of Court