

APPLICATION FOR A DUPLICATE LICENSE
APPOINTMENT NECESSARY CALL (315) 435-2037

Paperwork must be sent in 2 weeks prior to the scheduled appointment date.

Appointment date: _____

The Total Fee for a Duplicate Pistol License is \$8.00

I, _____ currently reside at _____

_____. Occupation: _____
(City and State and Zip Code)

Employer: _____, SSN: # _____ DOB: _____

Place of Birth: _____ (City & State)

Height: _____, Weight: _____, Sex: _____ Race: _____

Hair Color: _____ Eye Color: _____

Phone Number : _____ Work Number: _____

License Number: _____, Date Issued: _____ Citizenship: _____

Do hereby make application for a duplicate license for the following weapons:

MAKE	CALIBER	SERIAL #	MODEL	REV/AUTO
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The reason I am requesting this duplicate license is because _____

I hereby certify that the above information is true and that I have not been confined to a mental institution or been arrested, indicted or convicted of any offense since the license was issued.

(If so, please give specifics on back of form)

SIGNATURE OF APPLICANT