

APPLICATION FOR A DUPLICATE LICENSE

APPOINTMENT NECESSARY CALL (315) 435-2037

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

Send to: Pistol License Unit
407 S. State Street or FAX (315) 435-3043 Appointment date: _____
Syracuse, NY 13202

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

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