

**Application to Remove Restrictions from Pistol Permit
St. Lawrence County**

Permit Holder Name: _____

Address: _____

City: _____ NY Zip: _____

Telephone number: _____ **Cell number:** _____

Permit Number: _____ **Issuing Date:** _____

If permit was issued prior to 2013, have you recertified with the New York State Police? _____

If permit was issued after 2013, have there been any changes to your address? No _____ Yes _____

If so, please complete an amendment with your Pistol Permit office to make required changes.

Since your original permit was issued, please check if any of the following has occurred:

Conviction for a misdemeanor? No _____ Yes _____

If yes, what charge(s) and when _____

Are you currently under the care of a medical or mental health professional for a mood disorder, schizophrenia, and/or depression? No _____ Yes _____

Are you currently or have been the victim of domestic violence? No _____ Yes _____

Do you currently or have you been the protected party in an Order of Protection? No _____ Yes _____

Anything else that has occurred since your permit was originally issued that you want the Court to be aware of to support your application (you may attach additional sheets if necessary) _____

IT IS A CRIME, AS DEFINED BY PENAL LAW §210.35, A CLASS A MISDEMEANOR UNDER THE LAWS OF THE STATE OF NEW YORK, FOR A PERSON IN AND BY WRITTEN STATEMENT, TO KNOWINGLY MAKE A FALSE STATEMENT, OR TO MAKE A STATEMENT WHICH PERSON DOES NOT BELIEVE TO BE TRUE.

I swear or affirm that the foregoing application contains true and accurate statements. I understand that false statements made herein are punishable as a Class A Misdemeanor. I further understand that upon discover that I knowingly provided any false information, I may be subject to criminal penalties and that this request for a modification of my pistol permit to remove restrictions shall become null and void.

AFFIRMED UNDER PENALTY OF PERJURY

THIS _____ DAY OF _____, 20_____

Signature of Applicant