



**ST. LAWRENCE COUNTY  
OFFICE OF THE COUNTY CLERK**

48 Court Street, County Courthouse  
Canton, New York 13617-1198  
Telephone (315) 379-2237 Fax (315) 379-2302

**Sandra W. Santamoor**  
St. Lawrence County Clerk  
**Melissa Friedel**  
St. Lawrence Deputy County Clerk

## Application for Duplicate Pistol Permit

**Pistol License Number:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**Employed by:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Reason for Duplicate License:** \_\_\_\_\_

*Have you ever been arrested, indicted or convicted of any criminal offense, suffered any mental illness, or been a patient at any public or private institution? If yes, please give details:*

*Has your pistol license ever been revoked or cancelled:*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Note:** All duplicate license applications must be accompanied with the original license if still in your possession

**FEE: \$5.00**