CO-REGISTER FORM

Date:				
My Permit #:		<u> </u>		
Date of Issue:				
Relationship to Co-l	Reg:			
Co-Reg's Permit #:				
County of Co-Reg's	permit:			
Ι		give		my
permission to be co-	registered on the follo	wing pistols:		
Make:	Model:		Caliber:	
Serial #		Type:		
Make:	Model:		Caliber:	
Serial #		Type:		
Make:	Model:		Caliber:	
Serial #		Type:		
Make:	Model:		Caliber:	
Serial #		Туре:		
Signature:				