

## REQUEST FOR UNRESTRICTED PISTOL PERMIT

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

PISTOL PERMIT #: \_\_\_\_\_

I hereby make application for an unrestricted pistol permit. My need to carry a concealed handgun is/are for the following reason(s): (check all that apply)

- ☐ Personal Protection. I am in fear for my personal safety and/or that of my family.
- ☐ Employment. My employment is \_\_\_\_\_ and I am required to carry a gun.
- ☐ Travel. I possess a multi-state pistol permit and often travel to those states.
- ☐ Other, please state

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ I have successfully completed the unrestricted pistol permit safety class and attach a copy of certificate herewith.

I have not been arrested, indicted, or convicted of any criminal offense, diagnosed with a mental illness or been a patient at any mental institution since my pistol permit was issued. If this is not the case, please give details here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above statements are affirmed under penalty of perjury.

DATED: \_\_\_\_\_

\_\_\_\_\_

Please complete and return to:

Hon. Kris Singh  
PO Box 1500  
Fonda, NY 12068

APPLICANT'S SIGNATURE

COURT ACTION: Approved \_\_\_\_\_ Denied \_\_\_\_\_

SO ORDERED:

DATED: \_\_\_\_\_

\_\_\_\_\_

HON. KRIS SINGH