

**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 of my personal safety and/or that of my family.

**Employment.** My employment is \_\_\_\_\_ and I am required to carry a handgun. .

**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 have attached a copy of the 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:**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

**Please complete and return to:** Hon. Lorraine C. Diamond  
PO Box 1500  
Fonda, New York 12068

**COURT ACTION:**

**SO ORDERED:**

**Approved**\_\_\_\_\_ **Denied**\_\_\_\_\_

\_\_\_\_\_  
**HON. LORRAINE C. DIAMOND**

**Dated :**