

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

Name: _____

Address: _____

City: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Pistol License #: C000_____ Issue Date: _____

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

a. Have you been convicted of a felony or a misdemeanor? No ___ Yes ___ If yes, what charges and when?

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

c. Have you been involuntarily admitted into a mental health facility? No ___ Yes ___

d. Are you currently the subject of an Order of Protection? No ___ Yes ___

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 THE 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 discovering 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

10/2023