

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 Lisa Woodard St. Lawrence Deputy County Clerk

CONSENT FORM

A CONSENT FORM ACKNOWLEDGES THAT THE TWO INDIVIDUALS INVOLVED IN THE TRANSACTION BOTH TAKE RESPONSIBILITY IN CO-REGISTERING THE FIREARM(S) INDICATED.

A co-registrant cannot give permission to co-register to another person; only a weapon owner can give permission for co-registration. By signing below, you affirm that you are the weapon owner.

,					
NAME OF WEAPON OWNER ***Signature required below PISTOL LICENSE #					ISSUE DATE
siding	g at				
-			ENTIRE ADDRESS		
here	by give consent	for			
NAME OF CO-REGISTRANT, residing at					PISTOL LICENSE#
issue date			ENTIRE ADDRESS		
	-	ving weapon(s):	CALIBER	SERIAL#	ТҮРЕ
-					
2	MAKE	MODEL	CALIBER	SERIAL#	ТҮРЕ
3	MAKE	MODEL	CALIBER	SERIAL#	ТҮРЕ
	-	S	Signature of Weapon Own	er	
					20

County Clerk Staff or Notary Signature