

MICHAEL H. ZURLO  
SHERIFF

RICHARD L. CASTLE  
UNDERSHERIFF

## *Office of the Sheriff*

COUNTY OF SARATOGA  
6010 COUNTY FARM ROAD  
BALLSTON SPA, NEW YORK 12020

### **REQUIRED FOR A DUPLICATE (REPLACEMENT) PISTOL PERMIT LICENSE:**

1. THIS FORM COMPLETED
2. AMENDMENT FORM COMPLETED
3. \$20.00 FEE FOR DUPLICATE LICENSE/PHOTO/ PROCESSING.

ONCE YOUR DUPLICATE LICENSE HAS BEEN APPROVED BY THE JUDGE, WE WILL CONTACT YOU TO COME IN TO GET PHOTOGRAPHED AND TO RECEIVE YOUR DUPLICATE. AT THAT TIME, YOU MUST TURN IN YOUR OLD PISTOL LICENSE. FULLY COMPLETE THE INFORMATION BELOW.

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

LICENSE NO. \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_ DOB: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE WHERE BORN: \_\_\_\_\_

**I REQUEST A DUPLICATE PISTOL LICENSE BECAUSE MY PREVIOUS**

**LICENSE IS:    LOST    DAMAGED/ILLEGIBLE    IN NEED OF UPDATE**  
**(CIRCLE ONE)**

**SIGNATURE:** \_\_\_\_\_

### **WEAPONS ON MY PERMIT:**

<u>1</u>	<u>MAKE</u>	<u>CALIBRE</u>	<u>SERIAL NO.</u>	<u>MODEL</u>	<u>REV/AUTO</u>
<u>2</u>	_____	_____	_____	_____	_____
<u>3</u>	_____	_____	_____	_____	_____
<u>4</u>	_____	_____	_____	_____	_____
<u>5</u>	_____	_____	_____	_____	_____

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

LICENSE NO. \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

## **WEAPONS ON MY PERMIT, CONTINUED:**

<u>MAKE</u>	<u>CALIBRE</u>	<u>SERIAL NO.</u>	<u>MODEL</u>	<u>REV/AUTO</u>
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