

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

Permit Holder Name: _____
Address: _____
City: _____ NY Zip: _____
Telephone number: _____ Cell number: _____

Permit Number: _____ Issuing Date: _____

If permit was issued prior to 2013, have you registered with the New York State Police? _____
If permit was issued after 2013, have there been any changes to your address? No ___ Yes ___
If so, please indicate change: _____

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

Conviction for a misdemeanor? No ___ Yes ___
If yes, what charge(s) and when _____

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

Are you currently or have you been the victim of domestic violence? No ___ Yes ___
Do you currently or have you been the protected party in an Order of Protection? No ___ Yes ___

Anything else that has occurred since your permit was originally issued that you want the Court to be aware of to support your application (you may attach additional sheets if necessary): _____

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 SUCH 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 discover 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 _____, 2020

Signature of Applicant