



COUNTY OF ERIE

CHRISTOPHER L. JACOBS
COUNTY CLERK

PISTOL PERMIT DEPARTMENT

WILLMER FOWLER, JR.
PISTOL PERMIT SUPERVISOR

REQUEST FOR TRANSFER OF FIREARMS LICENSE

PLEASE PRINT ALL INFORMATION

NAME: _____ PERMIT #: _____

SOC. SEC. #: _____ DATE PERMIT ISSUED: _____

OLD ADDRESS:

NEW ADDRESS:

Street: _____ Street: _____

City: _____ City: _____

Zip Code: _____ Zip Code: _____

Current Phone #: _____

I HEREBY REQUEST THE TRANSFER OF MY RECORDS TO: _____
COUNTY PURSUANT TO SECTION 400.00 (SUB. 5) OF THE NY STATE PENAL
LAW.

SIGNATURE: _____

DATE: _____

**COMPLETE THIS TRANSFER REQUEST AND RETURN IT TO OUR
DEPARTMENT AT THE ADDRESS LISTED ON THE BOTTOM OF THIS
LETTER.**

YOU MUST ENCLOSE TWO (2) CHECKS AS INDICATED BELOW:

- 1) ONE IN THE AMOUNT OF \$8.00 PAYABLE TO: *ERIE COUNTY
PISTOL PERMIT DEPARTMENT.***
- 2) ONE IN THE AMOUNT OF \$5.00 PAYABLE TO: *THE COUNTY YOU ARE
TRANSFERRING TO.***