



County of Erie
County Clerk's Office
Pistol Permit Department

DUPLICATE PERMIT FORM

NOTE: PLEASE PRINT CLEARLY

DATE: _____

PERMIT NUMBER: _____ S.S. NUMBER: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

REASON FOR DUPLICATE (CIRCLE ONE): LOST/STOLEN POOR CONDITION OTHER

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

EMPLOYER: _____

OCCUPATION: _____

CITIZENSHIP: _____

SINCE YOUR FIREARMS LICENSE WAS ISSUED:

HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE): YES NO

HAVE YOU BEEN ADMITTED TO A MENTAL INSTITUTION? (CIRCLE ONE): YES NO

SIGNATURE: _____

Revised 11/2017