



COUNTY OF ERIE  
MICHAEL P. KEARNS  
ERIE COUNTY CLERK  
PISTOL PERMIT DEPARTMENT

THIS SECTION FOR OFFICE USE:

ORIGINAL ISSUE: \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

INFORMATION FOR DUPLICATE PISTOL LICENSE

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

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

CITY/TOWN: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER Phone #: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

SINCE YOUR LAST FIREARMS LICENSE WAS ISSUED (MARK YES OR NO):

HAVE YOU EVR BEEN ARRESTED? \_\_\_\_\_ OR IN A MENTAL INSTITUTION? \_\_\_\_\_

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