County of Erie

KATHLEEN C. HOCHUL
COUNTY CLERK

WILLMER FOWLER, JR.
PISTOL PERMIT SUPERVISOR

PISTOL PERMIT DEPARTMENT

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:
.ONE IN THE AMOUNT OF $8.00 PAYABLE TO: ERIE CO. PISTOL PERMITS
.ONE IN THE AMOUNT OF $5.00 PAYABLE TO THE COUNTY YOU ARE TRANSFERRING TO.

C:WP/TRANSFERFORM