



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

THIS SECTION FOR OFFICE USE:

ORIGINAL ISSUE: _____
 RESTRICTIONS: _____
 ISSUED BY: _____

DATE: _____
 PERMIT # : _____

CONVERT FROM PAPER TO PLASTIC

NAME: _____		SS#: _____	
ADDRESS: _____			
CITY/TOWN/ZIP: _____			
HOME PHONE #: _____		OTHER PHONE #: _____	
DATE OF BIRTH: _____		OCCUPATION: _____	
EMPLOYER: _____			
GENDER: _____	RACE: _____	WEIGHT: _____	HEIGHT: _____
EYE COLOR: _____	HAIR COLOR: _____	US CITIZEN (Y/N): _____	

Please list your weapons below: (ALL info required)

Please use back of form if more room is needed.

MAKE	REV/SEMI	CALIBER	MODEL	SERIAL #

SIGNATURE: _____

✓ PLEASE mail this completed form with "1" recent passport type photos and a copy of your current NYS Driver's License as well as a check or money order for \$18 made payable to "Erie County Clerk".