



**OFFICE OF THE COUNTY CLERK
MONTGOMERY COUNTY NEW YORK**

APPLICATION FOR REMOVAL OF RESTRICTIONS

This form is required for the Montgomery County Clerk to remove restrictions on a pistol permit administratively.

Permit # _____ Original Date of Issue: _____ NYSID: _____

Name: _____

Street Address: _____

City/Town: _____ Zip Code: _____ Date of Birth: _____

Mailing Address (if different): _____

Contact Phone: _____ E-MAIL: _____

I hereby make an application for an unrestricted pistol permit. My need to carry a concealed handgun is/are for the following reasons: (check all that apply)

- Personal protection
- Employment
- Travel

I hereby attest that I have not been arrested, indicted, or convicted of any criminal offense, diagnosed with a mental illness, or been a patient at any mental institution since my New York State pistol permit was initially issued. If this is not the case, please give details here: _____

The above statements are affirmed under penalty of perjury.

DATED: _____

APPLICANT'S SIGNATURE

Please complete and return to:

County Court Judge
Licensing Officer – Pistol Permits
PO Box 1500
Fonda, New York 12068

OFFICE USE ONLY

COURT ACTION: Approved _____ Denied _____

DATED: _____

JUDGE'S SIGNATURE