

Application for Duplicate Pistol Permit

St. Lawrence County Clerk's Office

48 Court Street

Canton, NY 13617

Phone: (315) 379-2237

FEE: \$13.00

Pistol License Number _____	Issue Date _____
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Name _____
Address _____
Date of Birth _____ Social Security Number _____ - _____ - _____
Height _____ Weight _____ Hair Color _____ Eye Color _____
Contact Number _____ Birth Place _____
Occupation _____
Employer _____
Nature of Business _____
Business Address _____
Reason for Duplicate License _____

Have you ever been arrested, indicted or convicted of any criminal offense, suffered any mental illness, or been a patient at any public or private institution? Yes No If yes, please explain:
Has your pistol license ever been revoked? Yes No

Signature _____ Date _____