



YATES COUNTY SHERIFF'S OFFICE

PISTOL PERMIT UNIT

227 Main Street
Penn Yan, NY 14527
315-536-5178



DEPARTMENTAL AFFIRMATION

Name and address of applicant for pistol permit.

Applicant's name: _____

Applicant's address: _____

House Number and Road Name

Post Office, State, Zip Code

I: _____ having submitted an application for a New York State Pistol Permit **understand that any omission of facts or any false statement concerning my criminal history is cause for 'IMMEDIATE DENIAL.'**

I UNDERSTAND THAT I MUST DISCLOSE all previous arrests, including arrests which never resulted in the filing of a charge, arrests which resulted in a dismissal, adjournment in contemplation of dismissal, all sealed records, arrests which resulted in a "Certificate of Relief from Disabilities," arrests which resulted in a "Certificate of Good Conduct," and Mental Hygiene Arrests.

I understand that the fees are non-refundable and that **any false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.**

State of New York)
County of Yates) ss:

I: _____, am the applicant named above. I have completed and read the foregoing document and know the contents thereof being true to my own knowledge under penalty of perjury.

Subscribed and sworn to before me this:

_____ day of _____, 20_____

NOTARY PUBLIC

SIGNATURE OF APPLICANT