

# Tompkins County Sheriff's Office

779 Warren Road  
Ithaca, NY 14850

Derek R. Osborne  
Sheriff



TEL: (607) 257-1345  
FAX: (607) 266-5436

Jennifer K. Olin  
Undersheriff

## Request for Duplicate Pistol Permit License

Permit #:	<input type="text"/>	Phone Number:	<input type="text"/>			
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>			
Address:	<input type="text"/>		Nationality:	<input type="text"/>		
City,State,Zip:	<input type="text"/>		Height:	<input type="text"/>	Weight:	<input type="text"/>
Employer:	<input type="text"/>		Occupation:	<input type="text"/>		

1) I am requesting a duplicate pistol permit for the following reason:

2) Have you been arrested, indicted or convicted of any criminal offense, been the subject of an order of protection, or been a patient at any mental institution since the above license was issued?

No     Yes (if yes give the details below)

3) Knowingly provided false information will be sufficient cause to deny this application and constitute a crime punishable by a fine, imprisonment or both.

\_\_\_\_\_  
Signature of Applicant

Signed and sworn to before me  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

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### Official Use Only:

License Granted:     Yes     No

Judge's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Letter Mailed: \_\_\_\_\_