



OFFICE OF THE SHERIFF ALLEGANY COUNTY



SCOTT A. CICIRELLO
SHERIFF

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UNDERSHERIFF

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HANDGUN CO-REGISTRATION CONSENT FORM

I, _____, _____, _____ HEREBY
(NAME OF PERSON GRANTING CONSENT) (PERMIT#) (ISSUE DATE)

CONSENT THAT _____ MAY CARRY AND POSSESS MY HANDGUNS
(NAME OF PERSON RECEIVING CONSENT)

BELOW AND HAVE SAME CO-REGISTERED ON HIS/HER PERMIT _____
(PERMIT#) (ISSUE DATE)

I hereby give permission for the following handguns to be co-registered:

MAKE	REV/AUTO/SEMI	MODEL	CALIBER	SERIAL #

Grantor Signature:

Grantee Signature:

Date: _____

Date: _____

State of _____ }

State of _____ }

County of _____ } ss:

County of _____ } ss:

On this _____ day of _____, 20_____,
before me, the undersigned, personally appeared
_____, known or
proved to me on the basis of satisfactory evidence
to be that individual, and acknowledged to me
that that person executed the instrument in that
person's capacity and by that person's signature.

On this _____ day of _____, 20_____,
before me, the undersigned, personally appeared
_____, known or
proved to me on the basis of satisfactory evidence
to be that individual, and acknowledged to me
that that person executed the instrument in that
person's capacity and by that person's signature.

Notary Public

Notary Public