

Rockland County Pistol License Application

Notarized Consent of Household Members

Make additional copies which can be originally-signed by each household member.

Name of Pistol License Applicant: _____

Name of Household Member: _____

Relationship of Household Member to Applicant: _____

I hereby affirm that I have no objection to the above-named applicant, whom I reside with, to obtaining a pistol license.

Signature _____ Date _____

State of New York, County of Rockland

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public Signature _____

SEAL OR STAMP: