

**Rockland County Pistol License Application**  
**Notarized Consent of Individual Who Lives Alone**

Name of Pistol License Applicant: \_\_\_\_\_

I hereby affirm that I live alone.

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: