

NIAGARA COUNTY PISTOL PERMIT OFFICE

P.O. BOX 461 LOCKPORT, NY 14095-0461 (716) 439-7184 (716) 439-7035 Fax JOSEPH A. JASTRZEMSKI County Clerk

MATTHEW L. PARISH First Deputy County Clerk

CO-REGISTRATION FORM

Co-registration is permissible with immediate family members only who reside in Niagara County and hold a valid Niagara County pistol permit.

Immediate family members are (including "step"): mother, father, sister, brother, children, spouse/domestic partner

The PURCHASER of the below listed firearm(s) is, and will remain, the PRIMARY OWNER. Co-registration of a firearm with the PRIMARY OWNER of that firearm DOES NOT IMPLY/TRANSFER ownership to the party named as the co-registrant, even upon the death of the PRIMARY OWNER.

By my signature below, I hereby give permission for the firearm(s) listed to be co-registerd with:					
Name of Co-Registrant			_,, Pistol Permit #	Issue Date	
residing at Full mailing address, including City, State & Zip					
Both parties take responsibility in the co-registration of the firearm(s) indicated. Responsibility includes, but is not limited to, abiding by all New York State firearm laws, as well as handling, storage and transportation of the below listed firearm(s).					
Name of Person Granting Consent (Primary Owner)			_,, Pistol Permit #	Issue Date	
residing atFull mailing address, including City, State & Zip					
run maning address, melading city, state & zip					
	Signature of Person Granting Consent (Primary Owner)				
Subscribed and sworn to me this day of,,					
Stamp					
			Notary Signature		
MAKE	REVOLVER/AUTOMATIC	MODEL	CALIBER	SERIAL#	