



OFFICE OF THE SHERIFF ALLEGANY COUNTY



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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 #

PERSON GIVING PERMISSION

PERSON RECEIVING PERMISSION

Grantor: _____
Date: _____
State of _____ }
County of _____ } ss:

Grantee: _____
Date: _____
State of _____ }
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