



OFFICE OF THE SHERIFF CAYUGA COUNTY NEW YORK

Brian P. Schenck
Sheriff

Respect ~ Integrity ~ Dedication ~ Community

Stuart Peenstra
Undersheriff

APPLICATION FOR RESTRICTION REMOVAL

Date: _____

First Name: _____ Middle: _____ Last: _____

Have you been known by any names other than the above? ☐ Yes ☐ No _____

Email: _____ Phone #: _____ D.O.B: _____

Address: _____

Pistol Permit License #: _____ Date Issued: _____

Gender: _____ Height: _____ Weight: _____ Race: _____ Ethnicity: _____

Are you a U.S. Citizen: ☐ Yes ☐ No SSN #: _____ Occupation: _____

Place of Birth (Country / State / City): _____

Military Experience? ☐ Honorably discharged ☐ Still an active member ☐ Never joined ☐ Dishonorably discharged

Have a valid Driver's License? ☐ Yes ☐ No License State: _____ Driver License #: _____

Have you been arrested, indicted, or convicted of any criminal offense, been the subject of an order of protection, extreme risk protection order or temporary extreme risk protection order or been a patient at any mental institution since the above license was issued? Circle one-**NO / YES**, If **YES** list all information or charges below:

The undersigned Licensee requests removal of all restrictions on the above referenced Pistol License pursuant to NYS *Rifle & Pistol Association, Inc., et al. v. Bruen, et al.* The undersigned Licensee hereby affirms, under penalties of Penal Law §§210.40 and 210.45, that this form contains no omissions or false information. The undersigned understands that filing a false written statement is a felony which may result in criminal charges in addition to the suspension and/or permanent revocation of the above referenced Pistol License.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Licensee Signature

Licensing Officer

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

Notary Public