



# OFFICE OF THE SCHENECTADY COUNTY CLERK

MARYELLEN BREHM

ALICIA GODLEWSKI

JEFFREY MORRETTE

CARLA SAGLIMBENI  
DEPUTY COUNTY  
CLERKS

CARA M.  
ACKERLEY  
COUNTY CLERK  
CMC

620 STATE STREET  
SCHENECTADY, NY 12305-2114  
TELEPHONE (518) 388-4220  
FAX (518) 388-4224  
WEB PAGE [www.schenectadycounty.com](http://www.schenectadycounty.com)

## FIREARM CO-REGISTRATION FORM

My name is \_\_\_\_\_

I reside at \_\_\_\_\_

My Schenectady County pistol permit number is \_\_\_\_\_

I intend to co-register the following firearms:

MAKE	MODEL	CALIBER	SA or RV	SERIAL NUMBER

Please add the above firearms to the Schenectady County Pistol Permit of

\_\_\_\_\_ (name). This person is my

\_\_\_\_\_ (relationship). Their Schenectady County Pistol Permit

number is \_\_\_\_\_, and they reside at

\_\_\_\_\_ (address).

By signing below I affirm that the above information is true and correct, to the best of my knowledge.

Signature: \_\_\_\_\_

Sworn before me this \_\_\_\_\_, 20\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_