

AFFIDAVIT AUTHORIZING CO-REGISTRATION OF HANDGUN(S)

This form may only be utilized by persons who possess pistol permits issued and held by Madison County.

I, _____, being the primary owner residing at _____ request that _____, residing at _____

be named as co-registrant of the following handguns that are currently registered only to me:

MAKE	MODEL	CALIBER	SERIAL #	AUTO/REV

Note: reverse may be used to list further handguns

I state the following to be truthful:

- 1.) The primary owner & the co-registrant both have valid New York State pistol permit licenses in good standing, issued and held by Madison County.
- 2.) Any change of address for either registrant or co-registrant must be reported to the Madison County pistol permit office within 10 days of the change.

I realize and understand the following:

- 1.) The primary owner may revoke co-registration and the co-registrant may relinquish co-registration at any time. Affidavit relinquishing co-registration must be completed and the proper pistol permit license amendments must be filed by both parties.
- 2.) This form IS NOT ACCEPTABLE for transfer of ownership. Contact pistol permit office for instructions.
- 3.) If either licensee's pistol permit is suspended and/or revoked for any reason by the licensing officer, the handgun(s) will be confiscated pursuant to the suspension and/or revocation order.
- 4.) Being named as a co-registrant does not represent ownership, merely license to possess and use said handgun.

Your signatures signify that you have read and understand the agreement as stated above.

Primary Owner Name: _____

Madison County Pistol Permit #: _____ **Date of original Issue:** _____

Primary owner signature

Co-registrant Name: _____

Madison County Pistol Permit #: _____ **Date of original Issue:** _____

Co-registrant signature

Sworn to before me this _____ day of _____, _____

(Notary Public)