

OFFICE OF THE SHERIFF – MADISON COUNTY  
NEW YORK STATE PISTOL PERMIT LICENSE APPLICATION  
LETTER REQUESTING CARRY WHILE AT PLACE OF EMPLOYMENT

Employee's Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Employee's Work Duties: \_\_\_\_\_

I, \_\_\_\_\_, do hereby  
(Print Name of Owner or Person Having Authority to Authorize Carry at Work)  
authorize the above named employee to carry his legally registered handgun while  
actively employed at our place of business.

\_\_\_\_\_  
Signature of Owner or Person Having Authority to Authorize Carry at Work

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)