

118 MAIN STREET WELLSBORO, PA 16901

PHONE (570) 724-3491 FAX (570) 723-8273



Trust ★ Honor ★ Integrity ★ Duty ★ Courage ★ Service ★ Respect

Non-Resident Concealed Carry Permit Investigation Form

Last Name: _____ First Name: _____ DOB: _____

Address: _____ Phone # _____

I am a resident of Chemung County, NY and currently hold an unrestricted license to carry concealed from Chemung County (Copy Attached).

Justification for Permit: Check all that apply:

I own land in Tioga County at the following address: _____

I work in Tioga County at: _____

I am a Law Enforcement Officer, (who regularly travels to Tioga County) employed by: _____

I am a Retired Law Enforcement Officer, (who regularly travels to Tioga County) from: _____

I have a geographical jurisdictional issue that necessitates my request: _____

This Section to be completed by the Chemung County Sheriff's Office:

I have verified the above listed person is a resident of Chemung County, NY and currently possesses an unrestricted license to carry concealed. I further verify this person has not been arrested or a person of improper character in the County of Chemung, NY.

Signature: _____ Date: _____

Sheriff/Undersheriff



SHERIFF OF CHEMUNG COUNTY

Pistol Permit

203 William Street

P.O. Box 588

Elmira, New York 14902-0588

Office: (607) 737-2937 Fax: (607) 737-2931



WILLIAM A. SCHROM
Sheriff

DOUGLAS W. HOUPER
Under Sheriff

Chemung County Pistol Permit Office

AUTHORIZATION FOR RELEASE OF INFORMATION

I consent to the release of any, and all, public and private information that you may need to aid in making an informed decision about the appropriateness of my having a NYS pistol permit issued by Chemung County.

This may include, but is not limited to, my background, mental health history, and criminal history record.

Name: _____ D.O.B: _____

Phone: _____ SSN# _____

Signature: _____ Date: _____

Pistol Permit Office: _____