

Rockland County Pistol License Application
Notarized Consent of Individual Who Lives Alone

Name of Pistol License Applicant: _____

I hereby affirm that I live alone.

Signature _____ Date _____

State of New York, County of Rockland

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

Notary Public Signature _____

SEAL OR STAMP: