



NADINE P. HANLON  
County Clerk

TRACY A. CLIFF  
Deputy Clerk  
County Clerk's Office

**ORLEANS COUNTY CLERK**

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**APPLICATION FOR SEMI-AUTOMATIC RIFLE LICENSE –  
\*Only for existing Orleans County Pistol Permit – Possess or Carry Concealed Holders\***

I hereby request to apply for a New York State Semi-Automatic Rifle License.

Current Orleans County pistol/revolver Permit No. \_\_\_\_\_, Issued on \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street # and Name) (City/Town, State & Zip Code)

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License ID # \_\_\_\_\_

\*\*\*Have you been arrested, indicted or convicted of any criminal offense, or been a patient at any mental institution since the above pistol permit was issued? **(Check One)**

\_\_\_\_\_ NO -or- \_\_\_\_\_ YES **(If YES, Give Brief Details on separate full sheet of paper.)**

\_\_\_\_\_, 20\_\_\_\_\_  
(Signature of Pistol Permit Holder) (Date)