

JAMES B. QUATTRONE
SHERIFF



NATHAN P. BAIDEME
UNDERSHERIFF

OFFICE OF THE SHERIFF
PISTOL PERMIT CLERK
CO-REGISTRATION CONSENT FORM

I, _____, _____, _____ HEREBY
(NAME OF PERSON GRANTING CONSENT) (CARRY#) (ISSUE DATE)

CONSENT THAT _____ MAY CARRY AND POSSESS MY FIREARMS LISTED
(NAME OF PERSON RECEIVING CONSENT)

BELOW AND HAVE SAME CO-REGISTERED ON HIS/HER PERMIT. _____
(CARRY#) (ISSUE DATE)

I hereby give permission for the following firearms to be co-registered:

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL #

• • • • • • • • • • •

Grantor: _____
Signature

Grantee: _____
Signature

Address: _____

Address: _____

Date: _____

Date: _____