

MICHAEL H. ZURLO  
SHERIFF

RICHARD L. CASTLE  
UNDERSHERIFF

***Office of the Sheriff***  
COUNTY OF SARATOGA  
6012 COUNTY FARM ROAD  
BALLSTON SPA, NEW YORK 12020

**AFFIDAVIT OF CO-OWNERSHIP OF WEAPONS**

**IMPORTANT NOTE:** THE ISSUING OFFICER ONLY PERMITS CO-OWNERSHIP BETWEEN SPOUSES/DOMESTIC PARTNERS WHO RESIDE AT THE SAME ADDRESS. DOMESTIC PARTNERS MUST COMPLETE THE **AFFIDAVIT OF DOMESTIC PARTNERSHIP** (ATTACHED).

THIS IS TO CERTIFY THAT I, \_\_\_\_\_, RESIDING AT \_\_\_\_\_, HOLDER OF PISTOL PERMIT

LICENSE # \_\_\_\_\_ ISSUED ON \_\_\_\_\_, DO HEREBY

AUTHORIZE MY SPOUSE/DOMESTIC PARTNER \_\_\_\_\_ RESIDING WITH ME AT THE ABOVE ADDRESS, HOLDER OF PISTOL PERMIT LICENSE # \_\_\_\_\_ ISSUED ON \_\_\_\_\_, TO CO-OWN THE BELOW LISTED WEAPON(S):

**MAKE            MODEL            CALIBER            SERIAL #            AUTO/REV**

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**I FURTHER CERTIFY AND UNDERSTAND THAT:**

- IF MY SPOUSE/DOMESTIC PARTNER HAS HIS/HER PISTOL PERMIT SUSPENDED OR REVOKED, THEN ANY WEAPON(S) CO-OWNED ARE SUBJECT TO SEIZURE.
- **IF MY SPOUSE/DOMESTIC PARTNER HAS HIS/HER PISTOL PERMIT SUSPENDED OR REVOKED, THEN MY PISTOL PERMIT IS ALSO SUBJECT TO SUSPENSION OR REVOCATION.**
- IF MY SPOUSE/DOMESTIC PARTNER AND I DIVORCE/SEPARATE, THE SPOUSE/DOMESTIC PARTNER WHO DOES NOT RETAIN POSSESSION OF ANY CO-OWNED WEAPON(S) WILL IMMEDIATELY AMEND HIS/HER PISTOL PERMIT TO REFLECT THE DISPOSAL OF SAID WEAPON(S) TO THE SPOUSE/DOMESTIC PARTNER WHO DOES RETAIN SUCH POSSESSION.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**NOTARY** \_\_\_\_\_