



Office of the
SARATOGA COUNTY SHERIFF

Jeffrey R. Brown, Sheriff

6012 County Farm Road, Ballston Spa, 12020 518-885-6761

AFFIDAVIT OF CO-OWNERSHIP OF WEAPONS

Important note: The issuing Officer only permits co-ownership between *wives/husbands* 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 the Pistol Permit License # _____ issued on _____, do hereby authorize my *wife/husband* 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#	R/A
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I FURTHER CERTIFY AND UNDERSTAND THAT:

If my *wife/husband* partner has *his/her* Pistol Permit suspended or revoked, then any weapon(s) co-owned are subject to seizure and my permit is also subject to suspension or revocation.

If my *wife/husband* partner and I *divorce/separate*, the *wife/husband* 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 *wife/husband* partner who does retain such possession.

Signature _____

Date _____

Notary _____