



County of Wayne Office of the County Clerk

9 Pearl Street
PO Box 608
Lyons, New York 14489

PISTOL PERMIT – CRIMINAL/MENTAL HEALTH HISTORY CHECK

Job Number: _____

DATE OF REQUEST: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

MAIDEN NAME/OTHER(required): _____

RACE: American Indian/Alaskan Native Asian Black/African American White

SEX: Male Female

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER : _____

CURRENT ADDRESS: _____

OLD ADDRESS: _____

PERMIT NUMBER: _____

PERMIT ISSUE DATE: _____

I give consent to the Wayne County Sheriff's Office to conduct a BRADY check which includes a criminal history and a mental health background.

SHERIFF'S OFFICE USE:

EJUSTICE LOG#: _____ DATE CHECKED: _____ SENT BY: _____

RECORD CHECKS INDICATES:

FELONY CONVICTION CONVICTION YEAR _____

FELONY ARREST

MISDEMEANOR CONVICTION CONVICTION YEAR _____

NO RECORD

MENTAL HEALTH: INQUIRY # _____ DATE CHECKED _____ CLEAR/RECORDS

REVIEWED: CFS _____ SJS _____ SARI _____ DIR _____ OOP _____

SALLYPORT _____ NETVIEWER _____

NOTES: _____