

**PARENT/GUARDIAN PERMISSION
FOR
FIREARMS IDENTIFICATION CARD**

JUVENILE INFORMATION (15 y.o.a. or older)

Please Print

Name of Juvenile: _____
 First Middle Last

Address: _____

Date of Birth: _____

PARENT/LEGAL GUARDIAN INFORMATION

Please check one: Parent _____ Guardian _____

Name of Parent/Guardian: _____
 First Middle Last

Address: _____

Telephone: _____ Date of Birth: _____

I hereby grant permission to the Rockland Police Department to issue a Firearm Identification Card to the above identified juvenile. I certify that all of the information provided is true and that I am the above identified juvenile's parent or legal guardian.

Signed under the pain and penalties of perjury.

Please sign in presence of firearms licensing official during your appointment.

Parent/Legal Guardian Signature

Date