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