



**County of Wayne**  
**Office of the County Clerk**  
 9 Pearl Street  
 PO Box 608  
 Lyons, New York 14489

**PISTOL PERMIT – CRIMINAL 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 NO: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

OTHER ADDRESSES (SINCE LAST BRADY): \_\_\_\_\_

PERMIT ISSUE DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_ Last BRADY Check: \_\_\_\_\_

Have you been arrested, indicted, or convicted of any criminal offense, been subject of an order of protection, or been a patient at any mental institution since the last Brady Check was completed? YES NO

**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.**

**Sign here:** \_\_\_\_\_

**SHERIFF'S OFFICE USE:**

EJUSTICE LOG #: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_ SENT BY: \_\_\_\_\_

**RECORD CHECKS INDICATES:**

- (check all that apply)
- FELONY CONVICTION CONVICTION YEAR: \_\_\_\_\_
  - FELONY ARREST
  - MISDEMEANOR CONVICTION CONVICTION YEAR: \_\_\_\_\_
  - MISDEMEANOR ARREST
  - NO RECORD

**MENTAL HEALTH:** INQUIRY #: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_ CLEAR / RECORDS

REVIEWED: CFS \_\_\_\_\_ SJS \_\_\_\_\_ SARI \_\_\_\_\_ DIR \_\_\_\_\_ OOP \_\_\_\_\_

SALLYPORT \_\_\_\_\_ NETVIEWER: \_\_\_\_\_

NOTES: \_\_\_\_\_