Non-Pennsylvania Pistol Permit Validation Letter

Date: _____

I, _____, Sheriff of _____ County, State of _____, acknowledge that _____, DOB_____, Pistol permit #_____ has a full carry, concealed carry or no restrictions pistol permit within my county. Although it has been five (5) years or more since issuance, said permit is still valid within this jurisdiction.

_____
Sheriff's Signature

_____
Sheriff's Printed Name

_____

_____

_____
Sheriff's Department Info