

LUZERNE COUNTY SHERIFF'S OFFICE



200 North River Street
Wilkes-Barre, Pennsylvania 18711

1.) I _____ have known the applicant for ____ years.
(Print Name)

Do you feel that the applicant's character and reputation such that he/she would be likely to act in a manner dangerous to public safety. **YES** _____ **NO** _____

I as a reference to the applicant do recommend that the applicant be granted for a Concealed License to Carry Firearms. **YES** _____ **NO** _____

Signature of Reference #1

Address of Reference

Phone Number of Reference

2.) I _____ have known the applicant for ____ years.
(Print Name)

Do you feel that the applicant's character and reputation such that he/she would be likely to act in a manner dangerous to public safety. **YES** _____ **NO** _____

I as a reference to the applicant do recommend that the applicant be granted for a Concealed License to Carry Firearms. **YES** _____ **NO** _____

Signature of Reference #2

Address of Reference

Phone Number of Reference

*****THIS FORM IS STRICTLEY VOLUNTARILY TO EXPIDITE THE GUN PERMIT PROCESS*****

DISCLAIMER I understand that if I knowingly make any false statements herein, I am subject to penalties subject by law under section 4904 of the Crimes Code (18 Pa.C.S. 4904) relating to unsworn falsifications to authorities and the Uniform Firearms Act.

Applicant's Name (Please Print) _____