

**PERMIT TO DISCHARGE FIREARMS  
CITY OF STERLING**

Date of Application: \_\_\_\_\_, 20\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle) (Title)

Address \_\_\_\_\_  
(Street) (City) (State) (Phone Number)

Date of Birth \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Name of Club/Organization: \_\_\_\_\_

Reason for Permit: \_\_\_\_\_

Type and caliber of weapon/weapons to be used: \_\_\_\_\_

Location of designated shooting area: \_\_\_\_\_

Time/date for which permit is being requested: AM PM \_\_\_\_\_, 20\_\_

Are you familiar and proficient with the weapon/weapons to be used: \_\_\_\_\_?

Briefly describe qualifications and experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further certify that all statements made by me in the completion of this application are, to the best of my knowledge and recollection, accurate and true, and I understand that any false answer (deceitfully made) or any fraud whatsoever constitutes a basis for rejection of this application with no further consideration. If fraud and/or deceit are subsequently discovered, such fraud and/or deceit will become grounds for rejection of this application.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Approval Signature/Chief of Police)

Dated: \_\_\_\_\_, 20\_\_