

On Official Agency Letterhead ONLY

Date: _____

Bureau of Alcohol, Tobacco, Firearms & Explosives
National Firearms Act Branch

Supervisor, Document Examiners

New York State LEO Exemption Acknowledgement

To whom it may concern:

I certify that I am the highest ranking member of this Department/Agency and that the officer/deputy detailed below has requested that I acknowledgement his/her sworn status and that there are no department/agency restrictions regarding off-duty possession of the NFA item he/she intends to purchase.

Officer's Name/Rank

I have no reservations to his/her acquisition of such.

X _____

Chief of Police / Sheriff

(or authorized Designate – must indicate authorization with 'signing for' statement)

Office contact address & direct phone number