



WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

Restriction Change Worksheet

OFFICE USE ONLY

CASE#: _____

DET: _____

Please answer the following questions. Do not leave any question blank. If any question does not apply, write N/A. Attach additional sheets if necessary. False statements anywhere on this form are grounds for license denial; Penal Law §400.00(1)(o).

PISTOL LICENSE APPLICANT / LICENSEE:

Last Name: _____ First Name: _____ M.I. _____

Address: _____
STREET C/T/V STATE ZIP

Spouse or domestic partner:

Last Name: _____ First Name: _____ M.I. _____

DOB: _____ Age: _____ Relation to you: _____

Telephone (Cell): _____ Email: _____

Do minors live in the residence? Yes No If yes, how many _____

Adults living in the residence (including adult children):

Last Name: _____ First Name: _____ M.I. _____

DOB: _____ Age: _____ Relation to you: _____

Telephone (Cell): _____ Email: _____

Last Name: _____ First Name: _____ M.I. _____

DOB: _____ Age: _____ Relation to you: _____

Telephone (Cell): _____ Email: _____

Have you successfully completed a 16-hour firearms safety and use course?

(Penal Law §400.00(19))

Yes No (Attach course certificate or explain below)

How and where will firearm(s) be secured when not in use?

(Laws of Westchester, Chapter 527, Gun Safety)

Do you have any current or former social media accounts during the past three years? Include accounts that are in your name or an assumed name.

(Penal Law §400.00(1)(o)(iv))

Yes No

If yes, list the websites, the name(s) and user name(s) that you use or have used:

Applicant/ Licensee Name (Print)

Applicant/ Licensee Name (Sign)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

Subscribed and Sworn to Before Me This: _____

Day of: _____ Year: _____

NOTARY PUBLIC SIGNATURE

George Latimer
County Executive
Department of Public Safety
Terrance Raynor
Commissioner/Sheriff

OFFICE USE ONLY:

Case #: _____

Detective: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize and grant full disclosure of all records concerning myself to the Westchester County Department of Public Safety, regardless of whether such records are public, private, sealed or confidential.

The intent of this authorization is to grant my consent to full and complete disclosure of any and all records concerning myself. This includes, but is not limited to, records pertaining to crimes and offenses, my education, medical, mental health and/or psychiatric history and treatment, records of the United States Armed Forces or military, records related to my past or current employment and pre-employment, including background reports, efficiency ratings, evaluations, complaints or grievances filed by or against me, and records of my activity on the Internet and on social media using my name or an assumed name.

I certify that any person or agency who may furnish any such information concerning myself shall not be held liable or accountable for providing this information and I hereby release any such person or agency from any and all liability on account of having provided such information. I further release the Westchester County Department of Public Safety and its individual employees from any and all liability on account of having collected, used or disseminated such information.

A PHOTO-COPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH SAID PHOTO-COPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this Authorization for Release of Personal Information.

Person Authorizing Release of Information (signature)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ YEAR _____

SIGNATURE OF NOTARY PUBLIC

Department of Public Safety
Pistol License Unit
110 Dr. Martin Luther King Jr. Blvd, 3rd Fl.
White Plains, NY 10601

Telephone: (914) 995-2709
Website: westchestergov.com



STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # _____

Date: _____

Amendment form for (check one):

_____ County License OR New York State Police License

Name	Date of Birth	NY Driver's License No. (or NY Non-Driver ID No.)
Physical Address (street, city, state, zip)		
Mailing Address (if different)		

Pistol/Semi-Automatic Rifle License Number _____ Date Issued _____
 Duplicate License Number _____ Date Issued _____
 Transfer License Number _____ Date Issued _____
 Transferred From _____ Transferred to _____

TRANSACTION TYPE(S) (Check all that apply):

- Acquired Address Change Deceased Disposed Duplicate Lost / Stolen Firearm Name Change
 Revoked Surrendered Suspended Transfer Email Address Other _____
 Semi-Automatic Rifle License Add Remove
 Pistol/Revolver License Add Remove
 License Type Carry Concealed Possess on Premises Possess/Carry During Employment

AMEND LICENSE FOR THE FOLLOWING

1. New Name _____
2. New Physical Address _____
3. New Mailing Address (If different) _____
4. New Email Address _____
5. Following Weapon(s) Acquired From: (Name, Address) _____

****Numbers 5, 6, and 7 DO NOT APPLY TO SEMI-AUTOMATIC RIFLES***

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		
			<input type="checkbox"/>		

6. Following Weapon(s) Disposed to: (Name, Address) _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		
			<input type="checkbox"/>		

7. Following Weapons(s) has been: Lost Stolen Destroyed
 Law Enforcement Agency Reported To: _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		

Have you been arrested, indicted, or convicted of any criminal offense, been the subject of an order of protection, or been a patient at any mental institution since the above license was issued? Yes No If **Yes**, give details on reverse.

Licensing Officer

Signature of Licensee

