

**DUTCHESS COUNTY SHERIFF'S OFFICE
150 NORTH HAMILTON STREET
POUGHKEEPSIE, NEW YORK 12601-2011**

TELEPHONE (845-486-3883)

- 1. **NAME:**
- 2. **TELEPHONE NUMBER - HOME:** **WORK:**
- 3. **PLACE OF BIRTH:**
- 4. **ADDRESS PRIOR TO MOVING TO DUTCHESS COUNTY:**
- 5. **E-MAIL ADDRESS:**
- 6. **HOW LONG DID YOU RESIDE THERE?**
- 7. **WHERE HAVE YOU RESIDED FOR THE LAST TEN YEARS?**
- 8. **WHEN DID YOU BECOME A RESIDENT OF DUTCHESS COUNTY?**
- 9. **DID YOU HAVE A PISTOL LICENSE AT ANY OF YOUR PREVIOUS RESIDENCES? IF SO, WHERE?**
- 10. **WHERE ARE THE PISTOLS YOU HAVE LISTED ON YOUR LICENSE?**
- 11. **IF YOU HAVE BEEN ARRESTED, PLEASE STATE THE DATE AND ARRESTING POLICE AGENCY, CIRCUMSTANCES UNDER WHICH YOU WERE ARRESTED, AND DISPOSITION OF CHARGES.**
- 12. **LIST THE OCCUPATION OF EACH CHARACTER REFERENCE AND A TELEPHONE NUMBER WHERE THEY MAY BE CONTACTED.**

	NAME	OCCUPATION	TELEPHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PISTOL LICENSE REFERENCE FORM
 DUTCHESS COUNTY SHERIFF'S OFFICE
 150 NORTH HAMILTON STREET
 POUGHKEEPSIE, NEW YORK 12601

DATE:	APPLICANT'S NAME:	ADDRESS:
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IT IS IMPORTANT TO READ THIS FORM CAREFULLY BEFORE ANSWERING ANY QUESTIONS. ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

*THE ABOVE NAMED HAS MADE APPLICATION TO THIS OFFICE FOR A LICENSE TO CARRY UPON HIS/HER PERSON, OR POSSESS UPON HIS/HER PROPERTY, A PISTOL OR REVOLVER, AND HAS GIVEN YOUR NAME AS A REFERENCE.

*IT IS IMPORTANT YOU ANSWER THE FOLLOWING QUESTIONS, CERTIFY AS TO THE APPLICANT'S MORAL CHARACTER AND HIS/HER RESIDENCE IN DUTCHESS COUNTY FOR AT LEAST SIX (6) MONTHS. YOU MUST RECOMMEND THE APPLICANT AS A PROPER PERSON TO CARRY UPON HIS/HER PERSON, OR POSSESS UPON HIS/HER PREMISES, A PISTOL OR REVOLVER.

1) HAVE YOU KNOWN THE APPLICANT FOR AT LEAST SIX MONTHS AS REQUIRED?	1)
2) ON WHAT DATE DID YOU FIRST BECOME ACQUAINTED WITH THE APPLICANT?	2)
3) IS THE APPLICANT 21 YEARS OF AGE OR OVER?	3)
4) HAS THE APPLICANT CONTINUOUSLY RESIDED IN DUTCHESS COUNTY FOR THE PAST SIX MONTHS?	4)
5) WHAT IS THE NATURE OF HIS/HER EMPLOYMENT, AND BY WHOM IS HE/SHE EMPLOYED?	5) _____ _____
6) IS THE APPLICANT A CITIZEN OF THE UNITED STATES?	6)

APPLICANT IS OBLIGATED TO VOLUNTARILY ADVISE YOU OF ANY ARRESTS OR TREATMENT FOR MENTAL ILLNESS.

7) HAS THE APPLICANT EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME OR CRIMINAL OFFENSE?	7)
8) IS APPLICANT, AT PRESENT, BEING TREATED OR HAS AT ANY TIME BEEN TREATED FOR MENTAL ILLNESS?	8)
9) HAS APPLICANT EVER BEEN CONFINED TO AN INSTITUTION, PUBLIC OR PRIVATE, FOR ANY MENTAL ILLNESS? IF THE ANSWER IS YES, GIVE DATES AND NAMES OF INSTITUTIONS.	9) _____ _____
10) DO YOU PERSONALLY RECOMMEND THE APPLICANT AS A PERSON TO BE ISSUED A LICENSE TO CARRY UPON HIS/HER PERSON A PISTOL OR REVOLVER, OR POSSESS IN A DWELLING OR PLACE OF BUSINESS? ADDITIONAL INFORMATION YOU MAY HAVE REGARDING THE APPLICANT: _____ _____ _____	10) YES NO

IF YOU HAVE ANY RESERVATIONS ABOUT RECOMMENDING THIS APPLICANT, ADVISE APPLICANT.

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

SIGNATURE OF REFERENCE
ADMINISTERING OATH

SIGNATURE OF OFFICER

COMPLETE THIS FORM AND RETURN TO THE APPLICANT

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