

**PUTNAM COUNTY SHERIFF'S DEPARTMENT
PISTOL LICENSE APPLICATION INSTRUCTIONS
(Updated – 5/7/2015)**

The Putnam County Pistol Permit Application packet consists of the following:

1. One (1) 3 page Applicant Questionnaire
2. Two (2) New York State Applications

Applicants **must** be at least 21 years of age and reside in Putnam County for a minimum of six (6) months. (No age restriction applies to applicants who have been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York.) **Excluding** police and peace officers, all applicants **must** take a handgun safety course **prior** to submitting this application. (Police and peace officers **must** submit a copy of departmental ID card.)

These forms **must** be prepared by typing or **clearly printing in black ink only**. Read these instructions before completing in order to minimize errors. **ALL QUESTIONS MUST BE ANSWERED**. Falsification of this application is a felony, which could lead to your arrest. If the application is not completed according to the instructions, it **WILL BE RETURNED**. The Applicant Questionnaire **must** be notarized **prior** to submission, do not sign and/or notarize the New York State Applications. Do not cross out, white out, strike out or spill anything on these applications or they will be invalid. Do not write on side two (2) of the New York State Applications.

Four (4) character references are required. References **must not** be family members, **must** be Putnam County residents, **must** be citizens of the United States and **must** be at least 21 years of age. Each reference must personally know the applicant for a minimum of **five (5) years**. Each reference (4) **must** sign the questionnaire and New York State Forms in the appropriate area. This must be done within 30 days of submission of your application. Four (4) **stamped** envelopes addressed to your references **must** be submitted with this application. (Please do not put a return address on the envelopes.)

ARREST INFORMATION

You **must** indicate all arrests (including DWI and DWAI) **whether convicted or not, sealed or adjourned contemplating dismissal**. *New York State law provides the authority for the Licensing Officer to inquire into the facts underlying the arrest of an applicant, even if the arrest was terminated in his/her favor.* You **must** provide a court disposition for each arrest listed and submit the disposition(s) with this application. Failure to list an arrest will result in the disapproval of your application.

**PROPER CAUSE FOR ISSUANCE
(LICENSE TYPES)**

Hunting and Target – Firearm may only be transported directly to and from your residence and an authorized range or while actually afield hunting in a legal area in New York State. (For hunting, you must also possess a valid New York State hunting license.)

Business Purposes – Firearm may only be carried while actually engaged in conducting business for which the license was issued or traveling directly thereto or therefrom. (Requirements for a business carry license follows.)

Unrestricted Carry – You must be a police officer or peace officer (active or retired) **or** you must show “*additional proper cause*” to qualify for this endorsement. “*Additional proper cause*” is determined by a review of all relevant information of your claimed need.

FULL CARRY FOR BUSINESS PURPOSES
(Requirements)

- 1) A letter on business stationery stating the name of the business; location of the business; type of business; years the business has been in existence; and the **specific reason(s)** a business carry license is needed.
- 2) A letter from your employer (if applicable) stating your need to carry a weapon for the business.
- 3) A copy of the business, corporation or LLC certificate.
- 4) A copy of a recent bank statement (if you make bank deposits for the business).

If you are applying for a license to carry for business purposes, the aforementioned paperwork **must** be submitted with your application.

IDENTIFICATION / PROOF OF RESIDENCE

You **must** submit a copy of your driver's license with your application. If your driver's license does not show your current address, you **must** include a copy of a utility or tax bill (only).

CITIZENSHIP

If you were born in a foreign country and have become a United States citizen, you **must** provide a copy of your Certificate of Naturalization or passport with your application. If you are a resident alien, you **must** provide a copy of your Alien Registration Card with your application.

PHOTOGRAPHS

At least three (3) photographs must be submitted (photographs must be passport size (2x2) and actual photos not photocopies). They can be black and white or color. Photographs can be taken by the Putnam County Clerk at a cost of \$20 (cash or checks made payable to Putnam County Clerk).

NOTARY

The third page of the three (3) page questionnaire must be notarized. For your convenience, the Putnam County Clerk's office does have a notary on staff at no additional cost.

When your application is complete and you have all the necessary paperwork, you **MUST BRING THE APPLICATION TO THE PUTNAM COUNTY CLERK AT 40 GLENEIDA AVENUE ROOM 102, CARMEL, NY 10512.**

The Putnam County Sheriff's Department will contact you to schedule an appointment for fingerprinting at a later date (allow 10-12 months). The fee for fingerprinting is **\$89.75 (postal money order only)** made payable to **PUTNAM COUNTY COMMISSIONER OF FINANCE**. (No other type of payment will be accepted.) Postal money order **must** be submitted with your application.

QUESTIONS

If you have questions or need assistance completing your application, call (845) 225-4300, ext. 42221.

HANDGUN SAFETY COURSE

The Putnam County Sheriff's Department conducts a handgun safety course once a month. The class is given on a weekday evening from 7:00 p.m. – 10:00 p.m. There is a \$45 fee for the course (***postal money order only***) made payable to **PUTNAM COUNTY COMMISSIONER OF FINANCE**. Payment must be received by the Putnam County Sheriff's Department at least **five (5) business days** prior to attending the course, or attendance will not be permitted. **REGISTRATION IS REQUIRED AND SPACE IS LIMITED**. Please visit our website at www.putnamsheriff.com for details.

BUSINESSES THAT OFFER A HANDGUN SAFETY COURSE

Please consult the telephone directory or internet to obtain information about local firearms dealers and/or certified NRA instructors who offer a handgun safety class (with or without live fire training).

CHECK LIST

- 1) **Application questionnaire** – complete, signed by references and notarized.
- 2) **Postal money order** for \$89.75 payable to Putnam County Commissioner of Finance.
- 3) Three (3) **Passport photos**
- 4) Four (4) **stamped envelopes** addressed to your character references (no return addresses).
- 5) Copy of **proof of a handgun safety course** (or ID card if you are a police or peace officer).
- 6) Copy of your **driver's license**. (Copy of a utility bill or tax bill, if necessary.)
- 7) Court **disposition(s)** (if applicable).
- 8) Business carry paperwork (if applicable).
- 9) Copy of Certificate of Naturalization or passport (if applicable).
- 10) Copy of Alien Registration Card (if applicable).
- 11) Copy of **handgun receipt(s)** (if applicable), C-Forms, or other official documents (listing your weapons) from your department.
- 12) Two (2) State of **New York Pistol/Revolver License Applications**:
 - Both applications must have **character references original signatures**.
 - Applicant – **DO NOT SIGN** or **NOTARIZE** these applications.
 - Do **not** cross out, white out or spill anything on these applications.
 - Do **not** write in the sections above your name.

DO NOT BRING YOUR APPLICATION TO THE CLERK'S OFFICE UNTIL IT IS COMPLETE.

**PUTNAM COUNTY SHERIFF'S DEPARTMENT
PISTOL LICENSE APPLICANT QUESTIONNAIRE**

Last Name: _____ First: _____ (Full) Middle: _____

Maiden Name: _____ Aliases: _____
(i.e., previous married name or a/k/a)

Have you resided in Putnam County for at least 6 months? YES _____ NO _____

Residence Address: _____

Mailing Address (if different): _____

Previous Address: _____
(if less than 10 years at your present address)

Home Phone Number: () _____ - _____

Cell Phone Number: () _____ - _____

Date of Birth: _____ / _____ / _____ Age: _____ Male: _____ Female: _____
(mo) (day) (year) (check one)

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
(feet/inches) (pounds) (do not abbreviate)

Race: _____ Social Security Number: _____ - _____ - _____
(i.e., White, Black, Hispanic, Asian)

Are You a United States Citizen? _____ State of Birth: _____
(Yes or No)

Country of Birth: (if other than US) _____

Alien Registration Number (if applicable): _____

Current Employer: _____
(Do not leave blank. State if you are retired, unemployed, homemaker, student, disabled, etc.)

Employer Address: _____

Occupation: _____ Nature of Employment: _____
(i.e., Teacher) (i.e., Education)

Business Phone Number: () _____ - _____

Type of License You are Applying for: _____
(See page 1 of instructions for license types)

Give four (4) character references who, by their signature, attest to your good moral character. Each character reference must be 21 years of age or older. Each reference must personally sign the form. (Print clearly.)

Last, First, MI	Street Address	City, State, Zip Code	Signature

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)? NO _____ YES _____ (if yes, furnish the following information. Information MUST be complete. Dispositions MUST be provided.)

Date	Police Agency	Charge	Disposition	Court and Date

(Attach additional sheet, if needed. Date of arrest(s) and disposition date(s) must be month/day/year.)

Have you ever been terminated/discharged from any employment or the armed forces for cause? YES__ NO__

Have you ever undergone treatment for alcoholism or drug use? YES__ NO__

Have you ever suffered any mental illness, or been confined to any hospital, public or private institution, for mental illness? YES__ NO__

Have you ever had a pistol license, dealer's license, gunsmith license, or any application for such a license disapproved, or had such a license revoked or cancelled? YES__ NO__

Do you have any physical condition which could interfere with the safe and proper use of a handgun? YES__ NO__

Have you ever been charged, petitioned against, a respondent, or otherwise been a subject of a proceeding in family court? YES__ NO__

If answer to any question is YES, explain here: _____

(Attach additional sheet, if needed.)

List all handguns in your possession (if applicable). DO NOT leave any sections blank. You must provide the appropriate paperwork for each handgun listed (i.e., copy of bill of sale, C-form(s), firearms voucher, expired permit, etc.) You are not required to purchase a handgun prior to issuance of a pistol permit.

MANUFACTURER	PISTOL/REV	CAL	SERIAL #	MODEL	PROPERTY OF

(Attach additional sheet, if needed.)

If you own handgun(s), it is recommended that you purchase a lock box (for travel) and a safe (for storage). The safe must be secured to the floor or a wall and must have a combination lock or padlock.

STATE OF NEW YORK
 COUNTY OF PUTNAM

I _____ being duly sworn, depose and say that I am the above named person and I have signed the foregoing statement.
 I have personally read and answered all questions therein and I do solemnly swear that every answer is full, true, and correct in every respect.

Sworn to me this _____ Day of _____, _____

(NOTARY STAMP)

 SIGNATURE OF APPLICANT

 SIGNATURE OF NOTARY/WITNESS

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

INSTRUCTIONS: Print or type in black ink only

NY SID NUMBER				PPB-3 (REV. 03/11)				COUNTY OF ISSUE				
LICENSE NUMBER				STATE OF NEW YORK				PUTNAM				
DATE OF ISSUE				PISTOL /REVOLVER LICENSE APPLICATION				EXPIRATION DATE				
MONTH	DAY	YEAR						MONTH	DAY	YEAR	CODE	
LAST NAME				FIRST NAME				MI	MONTH	DAY	YEAR	
RESIDENCE ADDRESS				CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK				DATE OF BIRTH				
HT (in)	WT (lb)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER				PRESENT OCCUPATION			
EMPLOYED BY				NATURE OF BUSINESS				BUSINESS ADDRESS				
								CITIZEN OF U.S.A. <input type="checkbox"/> YES <input type="checkbox"/> NO				

I HEREBY APPLY FOR A PISTOL/REVOLVER LICENSE TO: (Check one only) CARRY CONCEALED * POSSESS ON PREMISES
 * POSSESS/ CARRY DURING EMPLOYMENT (* Premise address or place of employment must be provided)

STREET ADDRESS OR OTHER LOCATION CITY, VILLAGE, TOWN ZIP CODE

A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? YES NO IF YES, FURNISH THE FOLLOWING INFORMATION:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

- HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? YES NO
- HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? YES NO
- HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS? YES NO
- HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? YES NO
- DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN? YES NO
- HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? YES NO
- IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

FULL FACE ONLY

ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.

I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH MAY BE ISSUED TO ME:

- NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS VALID IN THE CITY OF NEW YORK
- ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION WILL BE VALID ONLY FOR A PISTOL OR REVOLVER SPECIFICALLY DESCRIBED IN THE LICENSE PROPERLY ISSUED BY THE LICENSING OFFICER.
- IF I PERMANENTLY CHANGE MY ADDRESS, NOTICE OF SUCH CHANGE AND MY NEW ADDRESS MUST BE FORWARDED TO THE SUPERINTENDENT OF THE STATE POLICE AND IN NASSAU COUNTY AND SUFFOLK COUNTY, TO THE LICENSING OFFICER OF THAT COUNTY, WITHIN 10 DAYS OF SUCH CHANGE.
- ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD

JURAT:

SIGNED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____
AT _____, NEW YORK

SIGNATURE OF APPLICANT

SIGNATURE OF OFFICER ADMINISTERING OATH

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

TITLE OF OFFICER

APPLICATION NOT VALID UNLESS SWORN

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS
<p><u>Prints have been forwarded electronically</u></p>		

IMPRESSIONS TAKEN BY: _____ NAME _____ RANK _____ SHIELD _____ DATE _____

APPLICANT'S SIGNATURE AND ADDRESS: _____
 INVESTIGATION REPORT - ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME **PETER CONVERY** RANK **UNDERSHERIFF** ORGANIZATION **PUTNAM CO SHERIFF**

THIS APPLICATION IS ~~APPROVED~~ - DISAPPROVED (STRIKE OUT ONE) _____
 SIGNATURE OF INVESTIGATING OFFICER _____
 THE FOLLOWING RESTRICTION(S) IS (ARE) APPLICABLE TO THIS LICENSE: _____

TITLE AND SIGNATURE OF LICENSING OFFICER _____

IF LICENSING OFFICER AUTHORIZES THE POSSESSION OF A PISTOL OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	PROPERTY OF:

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LICENSE NUMBER					STATE OF NEW YORK						
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LAST NAME					FIRST NAME	MI	MONTH	DAY	YEAR	SEX	
RESIDENCE ADDRESS					CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK	DATE OF BIRTH		ZIP CODE			
HGT (in)	WGT (lb)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER	PRESENT OCCUPATION				CITIZEN OF U.S.A. <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYED BY	NATURE OF BUSINESS				BUSINESS ADDRESS						

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LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

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4. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD

JURAT:

SIGNED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____
 AT _____, NEW YORK

SIGNATURE OF APPLICANT

SIGNATURE OF OFFICER ADMINISTERING OATH

TITLE OF OFFICER

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

PPB/PPB3A

APPLICATION NOT VALID UNLESS SWORN

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IMPRESSIONS TAKEN BY: _____ RANK _____ SHIELD _____ DATE _____

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NAME **PETER CONVERY** RANK **UNDERSHERIFF** ORGANIZATION **PUTNAM CO SHERIFF**

THIS APPLICATION IS ~~APPROVED~~ - DISAPPROVED (STRIKE OUT ONE) _____
 SIGNATURE OF INVESTIGATING OFFICER _____
 THE FOLLOWING RESTRICTION(S) IS (ARE) APPLICABLE TO THIS LICENSE: _____

TITLE AND SIGNATURE OF LICENSING OFFICER _____

IF LICENSING OFFICER AUTHORIZES THE POSSESSION OF A PISTOL OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	PROPERTY OF: