



WESTCHESTER COUNTY PISTOL PERMIT APPLICATION INSTRUCTIONS



- 1) Applications for a pistol permit are accepted by appointment from Monday to Friday (Holidays excluded). When your application is completed, you must call to schedule an appointment.

Westchester County Department of Public Safety
Pistol License Unit
110 Dr. Martin Luther King, Jr. Blvd.
Room 340A
White Plains, NY 10601
914-995-2709

ENTRANCE IS THROUGH THE WESTCHESTER COUNTY COURTHOUSE, located at 111 Dr. Martin Luther King Jr. Blvd, White Plains, NY 10601, Go to the THIRD FLOOR, and walk across the bridge (Court Officer will direct you).

- 2) Refer to the document titled Pistol License Information Handbook for information on the minimum requirements to obtain a pistol license. This handbook interprets State and Local law pertaining to pistol licensing, and provides guidance to the public as to the specific circumstances under which a firearm license may be granted for a specific purpose.
- 3) Application forms and attachments must be type-written or printed in black ink, and must be submitted within a reasonable period of time from the date that the forms are obtained. The form titled "State of New York- Pistol/ Revolver License Application" must be submitted in triplicate (three original copies of form PPB3/ PPB3A). All application forms and support documents must be notarized.
- 4) Character references: Applicants must provide a total of four (4) character references. **Referees must complete and sign form PPB3/PPB3A in the appropriate area, and also must complete and notarize the Character Reference Letter (WCPD-126L).** All persons providing a character reference on behalf of an applicant may not be related to the applicant by consanguinity (blood or ancestry) or by marriage (in-law) and must have known the applicant for a sufficient period of time to establish that the applicant is a person of good moral character.
- 5) Applicants will be subjected to a fingerprint based and/ or name based criminal record check through the New York State Division of Criminal Justice Services and through the Federal Bureau of Investigation. All arrests and criminal charges that have occurred at any time during an applicant's lifetime must be listed, to include out-of-state records, and cases that were previously sealed or dismissed by the courts. You must also list all current or expired Orders of Protection that were issued by a court against you or on your behalf. Applicants must provide a certified court disposition for each such criminal incident.

PISTOL PERMIT APPLICATION INSTRUCTIONS

- 6) In accordance with Penal Law section 265.00-19, applicants must submit proof of completion of a firearm safety course and test given by a duly authorized instructor or submit military firearm training records (form DD-214).
- 7) Applicants must provide four (4) identical color photographs of himself/ herself (without sunglasses or hat). The photographs will display a full front view of the face, with a neutral non-exaggerated facial expression, and be taken in front of a white or off white background. Photographs must be two inches by two inches in size. The applicant must submit all photographs loose. Photographs must have been taken within thirty (30) days of the date of application submission. Please note that digital photographs are acceptable, however they must be un-altered and must be an accurate likeness of the applicant.
- 8) Applicants must submit proof of United States citizenship or legal status as a registered alien and provide proof of legal residence within Westchester County. U.S. Citizenship or legal status as a registered alien may be established by submission of birth certificate, naturalization papers, United States passport, resident alien card or other acceptable documents. Residence may be established by voter registration records, utility bills or other acceptable documents.
- 9) Fees: All fees paid in connection with a firearm license application are non-refundable:

The \$105.25 criminal background check (fingerprint) fee is made payable to THE COUNTY OF WESTCHESTER and MUST be paid by money order only.

Upon approval, all applicants will be required to pay a \$10.00 fee plus a \$10.00 photo fee for their NEW PISTOL PERMIT CARD.
- 10) Applicants should review their application and attachments for completeness and correctness, then contact the Pistol License Unit at 914-995-2709 to schedule an appointment for fingerprinting by an investigator. If your application is complete, you will be fingerprinted (after payment of the required fee) and a further investigation into your background will commence, ultimately resulting in a recommendation to the court to approve or disapprove your application for a firearm license for the stated purpose.
- 11) Failure to comply with any of the stated application requirements may result in a recommendation by the Pistol License Unit to the court that your application for a firearm license be rejected.
- 12) The processing time for a firearm license is up to six (6) months.

The following MUST be brought with you when submitting your Pistol License Application:

1. A \$105.25 criminal background check (fingerprint) fee is payable to THE COUNTY OF WESTCHESTER and MUST be paid by Money Order ONLY.
2. Four (4) Passport Size Photo's. Can be taken at the Clerk's Office for a fee.
3. New York State Drivers License / NYS Non Driver's ID card which must display your current address.
4. Birth Certificate or Passport. If naturalized citizen, your Naturalized Certificate or Alien Registration Card (if not born in the USA).
5. Proof of Residence – Utility Bill (Con Edison, Cable, Water, NYSGE etc.) in your name. Voter Registration Card is also acceptable. If the utility bill is not in your name the “Proof of Residency Not in Your Name” form must be submitted, signed and notarized by the individual on the utility bill. You may also submit your own notarized letter from the person whose name the utility bill is in stating that you live at your address and that he/she is aware and in agreement of you applying for a pistol permit. A copy of the person's utility bill must also be attached to your notarized letter.
6. Training Certificate or Instructors Letter proving that you have taken the required NRA Handgun Safety Course.
7. Pistol Purchase Receipt from Gun Dealer. If the firearm you intend to register is from a person other than a dealer you will need a copy of the individuals permit or document showing that they presently own the firearm. You will also need a notarized letter from them stating that they will transfer the firearm to you upon approval of your permit.
8. Other supporting documents (as needed): Court Dispositions, Military Documents (DD-214), Orders of Protection, Dr.'s Letter, etc.
9. Retiring Law Enforcement – you will need a “Good Guy” letter from your employer reflecting your date of retirement.

Failure to submit these documents at the time of your original appointment will result in the delay of the application process and a subsequent appointment must be made.

State of New York - Pistol / Revolver License Application

PPB-3 / PPB-3A Form Instructions (3 Fingerprint Pages)

THE (PPB-3 / PPB-3A) TRIPLICATE FORM MUST BE PRINTED DOUBLE SIDED. THE FORMS WILL NOT BE ACCEPTED IF THEY ARE PRINTED ON SEPARATE PAGES. EACH PAGE MUST BE AN ORIGINAL AND NOT A PHOTO COPY OF A COMPLETED PAGE. FAILURE TO DO THIS WILL RESULT IN THE DELAY OF THE APPLICATION PROCESS AND A SUBSEQUENT APPOINTMENT MUST BE MADE.

The Following Number Sections Are Referenced on the Subsequent Page (front & back):

- 1.** Fill in personal information starting with last name as indicated on the form (gray boxes). Also include present occupation / student / unemployed / (N/A is not acceptable).
- 2.** Do NOT check “Possess on Premises” unless applying for a Premise Dwelling License. All others will check “Carry Concealed”. Next to “A License is Required for the Following Reason” you will indicate what restriction you are applying for: Sport Target, Hunting, Sportsperson, Employment, Full Carry etc. as applicable.
- 3.** The Character Reference information is entered in this section - name, address, and original signature. Make sure that the four individuals who sign here are also the same individuals who complete the character reference letter on your behalf.
- 4.** Enter arrest information (if applicable) as indicated in this section.
- 5.** Answer these questions by checking the appropriate box. Any questions answered in the affirmative need to be explained in a notarized statement.
- 6.** This needs to be affirmed (signed) in the presence of a Notary Public.
- 7.** Reverse Side – Applicants signature and home address.
- 8.** Reverse Side – List all firearms that you intend to register on your license. If you have more than five (5) firearms you need to list the additional ones on a separate sheet of paper.

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

Form header section including NYSID NUMBER, LICENSE NUMBER, DATE OF ISSUE, COUNTY OF ISSUE, EXPIRATION DATE, and STATE OF NEW YORK PISTOL/REVOLVER LICENSE APPLICATION.

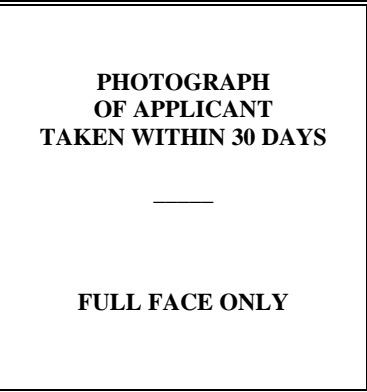
I HEREBY APPLY FOR A PISTOL/ REVOLVER LICENSE TO: (Check one only) [] CARRY CONCEALED [] * POSSESS ON PREMISES [] * POSSESS/ CARRY DURING EMPLOYMENT (* Premise address or place of employment must be provided)

2 STREET ADDRESS OR OTHER LOCATION CITY, VILLAGE, TOWN ZIP CODE A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

3 GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER. Includes fields for LAST, FIRST, MI, STREET ADDRESS, CITY, VILLAGE, TOWN, and SIGNATURE. Large watermark text: SAMPLE FORM DO NOT USE FOR ILLUSTRATION ONLY.

4 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

5 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 CANCELED? 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:



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: 1. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS VALID IN THE CITY OF NEW YORK. 2. 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. 3. 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. 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.

6 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

ALL PRINTS SUBMITTED ELECTRONICALLY TO DCJS

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS
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SAMPLE FORM DO NOT USE FOR ILLUSTRATION ONLY

IMPRESSIONS

TAKEN BY: NAME RANK SHIELD DATE

APPLICANT'S SIGNATURE AND ADDRESS:

7

INVESTIGATION REPORT - ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME RANK ORGANIZATION

SIGNATURE OF INVESTIGATING OFFICER

THIS APPLICATION IS APPROVED - DISAPPROVED (STRIKE OUT ONE)

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:
8					

DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE SUPERINTENDENT OF STATE POLICE WITHIN 10 DAYS OF ISSUANCE AS REQUIRED BY PENAL LAW SECTION 400.00 SUBD.5.

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

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

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 CANCELED? 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:

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PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

FULL FACE ONLY

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.

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RESIDENCE ADDRESS			CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK			DATE OF BIRTH	
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WGT (lbs)			PRESENT OCCUPATION			<input type="checkbox"/> YES <input type="checkbox"/> NO	
EYES			EMPLOYED BY			NATURE OF BUSINESS	
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PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

FULL FACE ONLY

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

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PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

FULL FACE ONLY

JURAT:

SIGNED AND SWORN TO BEFORE ME

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

SIGNATURE OF APPLICANT

SIGNATURE OF OFFICER ADMINISTERING OATH

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

ALL PRINTS SUBMITTED ELECTRONICALLY TO DCJS

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

IMPRESSIONS

TAKEN BY: NAME RANK SHIELD DATE

APPLICANT'S SIGNATURE AND ADDRESS:

INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME RANK ORGANIZATION

SIGNATURE OF INVESTIGATING OFFICER

THIS APPLICATION IS APPROVED – DISAPPROVED (STRIKE OUT ONE)

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:

DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE SUPERINTENDENT OF STATE POLICE WITHIN 10 DAYS OF ISSUANCE AS REQUIRED BY PENAL LAW SECTION 400.00 SUBD.5.



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT
BACKGROUND INVESTIGATION
WORKSHEET**

OFFICE USE ONLY
CASE#: _____
DET: _____

Answer all questions fully and in accordance with the guidelines set forth in the Westchester County Pistol Safety & Information Handbook. This form and attachments must be notarized.

APPLICANT INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

Note: You must notify the County Clerk within ten (10) days if your residence address changes, with information necessary to change pistol license records (Penal Law 400.00-9).

Birth Date: _____ Sex: _____ Social Security#: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Place of Birth: _____ E-Mail Address: _____

Telephone (Home): _____ (Cell): _____

Driver License #: _____ Class _____ State: _____

Race:

Asian/Pacific Islander Black White Other American Indian/Alaskan Native

Ethnic:

Hispanic Non-Hispanic

Marital Status:

Single Married Separated Divorced Widowed

Other Names You Have Been Known By:

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

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

Citizenship:

Citizen by Birth
 Naturalized Citizen
 Resident Alien

Naturalization Number: _____
 Alien Registration Number: _____

ANSWER THE FOLLOWING QUESTIONS: YES OR NO

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you engaged in any alternate business enterprise, employment, profession or occupation, other than that which is listed elsewhere on this form? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever served in the armed forces of the United States or of any country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been <u>discharged from</u> or <u>fired from</u> any employment, or have you ever been the subject of any employment or military related disciplinary action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever <u>sought or undergone</u> treatment for <u>alcohol or drug use</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you regularly use medications that may cause drowsiness, impairment or which are classified as a narcotic or as a tranquilizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever suffered from, sought treatment for, or been treated for any form of <u>mental illness or depression</u> , or <u>any related disease or condition</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you suffer from any physical defect that might interfere with the safe handling of a firearm? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever <u>applied for or held</u> a firearm license in New York State or in any other state of the United States or a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been <u>arrested for or charged with any crime</u> in any state of the United States or in any foreign country, including cases that were dismissed, sealed, or reduced to a petty offense or to youthful offender status? (if yes, attach a copy of the court disposition and on a separate sheet of paper provide a full explanation of the matter). | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has an <u>Order of Protection</u> ever been issued by a court against you or on your behalf? (if yes, attach a copy of the order, and on a separate sheet of paper list the court name, date of issuance, complainant's name/ address/ telephone number/ relationship to you & reason for the order). | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you taken the required firearm safety course, or do you have prior experience with firearm(s)? | <input type="checkbox"/> | <input type="checkbox"/> |

IF ANY ANSWER IS "YES", FULLY EXPLAIN ON A SEPARATE SHEET OF PAPER. THE PAPER MUST BE DATED, SIGNED AND NOTARIZED:

APPLICANT NAME (PRINT)

APPLICANT NAME (SIGNATURE)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

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

SIGNATURE OF NOTARY PUBLIC



Robert P. Astorino
County Executive
Department of Public Safety
George N. Longworth
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 my education, medical 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, to include background reports, efficiency ratings, evaluations, complaints or grievances filed by or against me.

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 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



Robert P. Astorino
County Executive

Department of Public Safety

George N. Longworth
Commissioner/Sheriff

OFFICE USE ONLY

CASE #: _____

DETECTIVE: _____

Date: _____

State of New York
Department of Mental Hygiene
44 Holland Avenue
Albany, New York 12229

Re: Application for Firearm License

Dear Sir or Madam:

It is hereby requested that you conduct a check of your records against the name of the below listed person, in accordance with New York State Penal Law, section 400 (4), and that you respond to this agency in writing, as soon as possible:

APPLICANT: PLEASE COMPLETE THE BELOW LISTED INFORMATION:

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

Alias/ Maiden Name: _____ Date of Birth: _____

Address: _____
STREET CITY STATE ZIP

Sex: _____ Social Security. #: _____ Place of Birth: _____

Sincerely,

DEPARTMENT OF PUBLIC SAFETY
Westchester County Police

George N. Longworth
Commissioner/ Sheriff



Robert P. Astorino
County Executive
George N. Longworth
Commissioner/Sheriff

OFFICE USE ONLY
CASE #: _____
DETECTIVE: _____

To: _____

REQUEST FOR RECORDS CHECK

The below listed individual has made application to Westchester County for a pistol license. We respectfully request that you check your records for any adverse information on this person and advise us by mail or by fax of the results (**Fax #914-995-6257**). You may also reach us by telephone at 914-995-2709.

- This agency does not possess any adverse information on the below listed subject.
- The agency is in possession of the following information on the subject.

Official completing records check,

Name: _____ Title: _____ Date: _____

APPLICANT: PLEASE COMPLETE THE BELOW LISTED INFORMATION:

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

Other Names You Have Been Known By: _____

Address: _____
STREET CITY STATE ZIP

Sex: _____ Date of Birth: _____ Social Security #: _____

Sincerely,

DEPARTMENT OF PUBLIC SAFETY
Westchester County Police

George N. Longworth
Commissioner/ Sheriff



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT**

CHARACTER REFERENCE LETTER

OFFICE USE ONLY	
CASE#	_____
DET:	_____

Answer all questions fully and have this form notarized. If necessary, attach a separate sheet of paper and have it notarized.

PISTOL LICENSE APPLICANT INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

THIS SECTION TO BE COMPLETED BY THE PERSON PROVIDING THE CHARACTER REFERENCE:

PLEASE NOTE: All persons completing a character reference on behalf of an applicant may not be related to the applicant by consanguinity (blood or ancestry) or by marriage (in-law) and must have known the applicant for a sufficient period of time to be able to establish the applicant's character and reputation in the community.

REFEREE INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Social Security Number (last four digits): _____

Telephone (home): _____ Telephone (Work): _____

Occupation: _____ Employer Name: _____

Employer Address: _____
STREET CITY STATE ZIP

In what manner do you know the applicant, and for how long have you known him/ her?

What is the applicant's general temperament. Have you ever known the applicant to engage in aggressive, threatening, violent or bizarre behavior? If yes, please explain:

Have you ever known the applicant to use alcohol excessively or to the point of impairment? If yes, please explain:

Have you ever known the applicant to use drugs illegally or to the point of impairment, or to socialize with persons who do so? If yes, please explain:

Do you know of any contacts that the applicant may have had with the criminal justice system, or of any unfavorable incident(s) in the life of the applicant? If yes, please explain:

What is your overall opinion of the applicant? (Please explain):

REFEREE NAME (PRINT)

REFEREE NAME (SIGNATURE)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

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

SIGNATURE OF NOTARY PUBLIC



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT**

CHARACTER REFERENCE LETTER

OFFICE USE ONLY
CASE# _____
DET: _____

Answer all questions fully and have this form notarized. If necessary, attach a separate sheet of paper and have it notarized.

PISTOL LICENSE APPLICANT INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

THIS SECTION TO BE COMPLETED BY THE PERSON PROVIDING THE CHARACTER REFERENCE:

PLEASE NOTE: All persons completing a character reference on behalf of an applicant may not be related to the applicant by consanguinity (blood or ancestry) or by marriage (in-law) and must have known the applicant for a sufficient period of time to be able to establish the applicant's character and reputation in the community.

REFEREE INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Social Security Number (last four digits): _____

Telephone (home): _____ Telephone (Work): _____

Occupation: _____ Employer Name: _____

Employer Address: _____
STREET CITY STATE ZIP

In what manner do you know the applicant, and for how long have you known him/ her?

What is the applicant's general temperament. Have you ever known the applicant to engage in aggressive, threatening, violent or bizarre behavior? If yes, please explain:

Have you ever known the applicant to use alcohol excessively or to the point of impairment? If yes, please explain:

Have you ever known the applicant to use drugs illegally or to the point of impairment, or to socialize with persons who do so? If yes, please explain:

Do you know of any contacts that the applicant may have had with the criminal justice system, or of any unfavorable incident(s) in the life of the applicant? If yes, please explain:

What is your overall opinion of the applicant? (Please explain):

REFEREE NAME (PRINT)

REFEREE NAME (SIGNATURE)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

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

SIGNATURE OF NOTARY PUBLIC



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT**

CHARACTER REFERENCE LETTER

OFFICE USE ONLY	
CASE#	_____
DET:	_____

Answer all questions fully and have this form notarized. If necessary, attach a separate sheet of paper and have it notarized.

PISTOL LICENSE APPLICANT INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

THIS SECTION TO BE COMPLETED BY THE PERSON PROVIDING THE CHARACTER REFERENCE:

PLEASE NOTE: All persons completing a character reference on behalf of an applicant may not be related to the applicant by consanguinity (blood or ancestry) or by marriage (in-law) and must have known the applicant for a sufficient period of time to be able to establish the applicant's character and reputation in the community.

REFEREE INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Social Security Number (last four digits): _____

Telephone (home): _____ Telephone (Work): _____

Occupation: _____ Employer Name: _____

Employer Address: _____
STREET CITY STATE ZIP

In what manner do you know the applicant, and for how long have you known him/ her?

What is the applicant's general temperament. Have you ever known the applicant to engage in aggressive, threatening, violent or bizarre behavior? If yes, please explain:

Have you ever known the applicant to use alcohol excessively or to the point of impairment? If yes, please explain:

Have you ever known the applicant to use drugs illegally or to the point of impairment, or to socialize with persons who do so? If yes, please explain:

Do you know of any contacts that the applicant may have had with the criminal justice system, or of any unfavorable incident(s) in the life of the applicant? If yes, please explain:

What is your overall opinion of the applicant? (Please explain):

REFEREE NAME (PRINT)

REFEREE NAME (SIGNATURE)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

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

SIGNATURE OF NOTARY PUBLIC



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT**

CHARACTER REFERENCE LETTER

OFFICE USE ONLY
CASE# _____
DET: _____

Answer all questions fully and have this form notarized. If necessary, attach a separate sheet of paper and have it notarized.

PISTOL LICENSE APPLICANT INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

THIS SECTION TO BE COMPLETED BY THE PERSON PROVIDING THE CHARACTER REFERENCE:

PLEASE NOTE: All persons completing a character reference on behalf of an applicant may not be related to the applicant by consanguinity (blood or ancestry) or by marriage (in-law) and must have known the applicant for a sufficient period of time to be able to establish the applicant's character and reputation in the community.

REFEREE INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Social Security Number (last four digits): _____

Telephone (home): _____ Telephone (Work): _____

Occupation: _____ Employer Name: _____

Employer Address: _____
STREET CITY STATE ZIP

In what manner do you know the applicant, and for how long have you known him/ her?

What is the applicant's general temperament. Have you ever known the applicant to engage in aggressive, threatening, violent or bizarre behavior? If yes, please explain:

Have you ever known the applicant to use alcohol excessively or to the point of impairment? If yes, please explain:

Have you ever known the applicant to use drugs illegally or to the point of impairment, or to socialize with persons who do so? If yes, please explain:

Do you know of any contacts that the applicant may have had with the criminal justice system, or of any unfavorable incident(s) in the life of the applicant? If yes, please explain:

What is your overall opinion of the applicant? (Please explain):

REFEREE NAME (PRINT)

REFEREE NAME (SIGNATURE)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

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

SIGNATURE OF NOTARY PUBLIC



WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

REQUEST FOR PRE-PISTOL LICENSE EXEMPTION

OFFICE USE ONLY

CASE# _____

DET: _____

Answer all questions fully and in accordance with the guidelines set forth in the Pistol Safety & Information Handbook. This form and attachments must be notarized.

If you request approval of a pre-firearms license exemption (Penal Law 265.20-7-B), you must complete this request form and return it to the Pistol License Unit with your application for firearm license. If this request is approved, it will allow you to fully complete a firearm safety course or armed security guard firearm training and qualification course under the supervision of a person who is licensed to carry a firearm while your application for a firearm license is being considered. **This pre-firearm license exemption does not authorize you to purchase, possess or carry a firearm.**

APPLICANT INFORMATION:

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

Address: _____
STREET CITY STATE ZIP

Birth Date: _____ Age: _____ Social Security #: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Place of Birth: _____ Occupation: _____

Employer Name: _____ Telephone #: _____

Employer Address: _____
STREET CITY STATE ZIP

Telephone (Home): _____ Telephone (Work): _____

Previous Address: _____
STREET CITY STATE ZIP

Marital Status:

Single Married Separated Divorced Widowed

Citizenship:

Citizen By Birth
 Naturalized Citizen
 Resident Alien

Naturalization Number: _____

Alien Registration Number: _____

ANSWER THE FOLLOWING QUESTIONS: YES OR NO. IF ANY ANSWER IS "YES", FULLY EXPLAIN ON A SEPARATE SHEET OF PAPER AND HAVE THE PAPER NOTARIZED:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever held a firearm license which was subsequently surrendered, suspended, cancelled or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever <u>sought or undergone</u> treatment for <u>alcohol or drug use</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you regularly use medications that may cause drowsiness, impairment or which are classified as a narcotic or as a tranquilizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever suffered from, sought treatment for, or been treated for any form of <u>mental illness or depression</u> , or <u>any related disease or condition</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you suffer from any physical defect that might interfere with the safe handling of a firearm? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a felony or serious offense (Penal Law 265)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been <u>arrested for or charged with any crime</u> in any state of the United States or in any foreign country, including cases that were dismissed, sealed or adjudicated to petty offense or youthful offender status? (if yes, submit an original certified disposition of the case from the court) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you currently have, or have you ever had, an <u>Order of Protection</u> issued <u>against you by any person</u> ? (if yes, list the court of issuance, date of issuance, complainant's name/ address/ telephone number/ relationship to you & reason for the order). | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you currently have, or have you ever had, an <u>Order of Protection</u> issued <u>by you against any other person</u> ? (if yes, list the court of issuance, date of issuance, respondent's name/ address/ telephone number/ relationship to you & reason for the order). | <input type="checkbox"/> | <input type="checkbox"/> |

INSTRUCTION COURSE INFORMATION:

Name of Course or Firearm Range: _____

Address: _____
STREET
CITY
STATE
ZIP

Telephone #: _____

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: **an applicant** for a firearms license **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth _____

Address _____ City _____ State _____

Firearms License # (if applicable) _____ Date Issued _____

Licensing Authority / County of Issuance or Application _____

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: *(check all that are applicable)*

1. My life or safety may be endangered by disclosure because:

A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;

B. I am a protected person under a currently valid order of protection;

C. I am or was a witness in a criminal proceeding involving a criminal charge;

D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: *(Must be explained in item 5 below)*

3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.

(Please check any that apply)

A _____ B _____ C _____ D _____

4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.

5. *(Please provide any additional supportive information as necessary)*

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature

Date

PROOF OF RESIDENCEY NOT IN YOUR NAME

Date: _____

To Whom It May Concern:

I, _____, am informing
(Name)
that _____, who is my
(Applicant)
_____, resides with me
(Relation to Applicant)
at my address of _____.

Please see the attached copy of my utility bill: _____.
(Utility Company)

I am also aware that _____ is applying for a pistol
(Applicant)
permit in Westchester County and I approve if you were to grant him/her a pistol permit.

If you have any questions, please contact me at _____.
(Telephone #)

Thank you,

Print Name: _____

Signature: _____

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

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

SIGNATURE OF NOTARY PUBLIC