WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT

ATTACHMENT: SPORTSPERSON

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.

APPLICANT INFORMATION:

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

Address:_____
STREET CITY STATE ZIP

Please explain in detail why you are requesting a sportsperson firearm license, including the types of sporting activities that you will engage in; how often you will engage in them, and an explanation of why each activity necessitates the carrying of a firearm (attach additional sheets as necessary).

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_____ _____
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