



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT**

ATTACHMENT: SPORT TARGET SHOOTING

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 describe your interest in sport target shooting with a firearm:

How often will you generally engage in sport target shooting with a firearm:

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