

WESTCHESTER COUNTY  
TIMOTHY C. IDONI  
Westchester County Clerk

**Bring or mail to:**  
Westchester County Clerk  
Pistol Division – Room 340  
110 Dr. Martin Luther King Jr. Blvd.  
White Plains, New York 10601

**PISTOL LICENSE RECERTIFICATION FORM**

**YOUR PERMIT LICENSE #**

(ENTER IN BOX BELOW)

CHECK HERE IF YOU ARE A **RETIRED OFFICER (\*)**

**INSTRUCTIONS:** Complete, notarize, sign and submit **2 originally signed forms (NO COPIES)** with a check or money order for the **required \$10.00 Recertification fee (\*)** payable to the Westchester County Clerk. Mail forms and check to the address listed above.

1. **NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

2. **NY DRIVER / NON-DRIVER LICENSE #:** **MUST INCLUDE** \_\_\_\_\_

3. **ADDRESS:** \_\_\_\_\_

4. **CITY/TOWN/VILLAGE:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

5. **PHONE NUMBER (HOME):** \_\_\_\_\_ **(WORK)** \_\_\_\_\_

6. **THERE IS / ARE \_\_\_\_\_ GUN(S) LISTED ON THE BACK OF THIS FORM.**  
**I CONFIRM THAT THE LIST IS ACCURATE AND COMPLETE.**

*(\*) Fee is waived for qualified **RETIRED** police officers, uniformed court officers in the Unified Court System and correction officers.*

\_\_\_\_\_  
Signature of Pistol Licensee (**MUST SIGN IN FRONT OF NOTARY**)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**FOR OFFICE USE ONLY**

<b>RECERTIFICATION DATE:</b> _____	<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>NOT APPROVED</b>	<b>DATE</b> _____	<b>COUNTY JUDGE</b> _____
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**7. THE FOLLOWING GUN(S) ARE CURRENTLY IN MY POSSESSION: MUST BE WRITTEN IN**  
 (\*ATTACH ADDITIONAL SHEETS IF NECESSARY\*)

	<b>MANUFACTURER</b>	<b>PISTOL/REV/ AUTO</b>	<b>MODEL</b>	<b>CALIBER</b>	<b>SERIAL #</b>
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