

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 <u>THIRD FLOOR</u>, 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 <u>type-written</u> or <u>printed</u> in <u>black ink</u>, 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 <u>triplicate</u> (three original copies of form PPB3/ PPB3A). <u>All</u> 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.
- 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).
- Applicants must provide <u>four (4) identical color photographs of himself/ herself</u> (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 <u>two inches by two inches</u> 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.
- Applicants must submit <u>proof of United States citizenship</u> or <u>legal status as a registered alien</u> and provide proof of <u>legal residence within Westchester County</u>. 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. <u>Residence</u> may be established by voter registration records, utility bills or other acceptable documents.
- 9) <u>Fees</u>: All fees paid in connection with a firearm license application are <u>non-refundable</u>:

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.

- 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 <u>MUST</u> be paid by Money Order <u>ONLY</u>.
- 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.

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

<u>State of New York - Pistol / Revolver License Application</u> 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 COUNTY OF ISSUE NYSID NUMBER PPB-3 (REV. 03/11) CODE LICENSE STATE OF NEW YORK NUMBER EXPIRATION DATE PISTOL /REVOLVER LICENSE APPLICATION DATE OF ISSUE LAST NAME SEX YEAR RESIDENCE ADDRES CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK HGT (ins) WGT (lbs) EYES HAIR RACE SOCIAL SECURITY NUMBER PRESENT OCCUPATION CITIZEN OF U.S.A. ☐ YES ☐ NO NATURE OF BUSINESS BUSINESS ADDRESS 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 A LICENSE IS REQUIRED FOR THE FOLLOWING REASO GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER LAST, FIRST, MI STREET ADDRESS HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? IF YES, FURNISH THE FOLLOWING INFORMATION: NO DATE CHARGE DISPOSITION - COURT AND DATE □ NO HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? YES 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 YES NO PRIVATE INSTITUTION, FOR MENTAL ILLNESS? HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION YES □ NO FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF YES NO A HANDGUN? HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT YES NO OF A PROCEEDING IN FAMILY COURT? 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. **PHOTOGRAPH** OF APPLICANT I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH **TAKEN WITHIN 30 DAYS** 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. FULL FACE ONLY JURAT: SIGNED AND SWORN TO BEFORE ME , 20 , 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

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, NEW YORK

SIGNATURE OF OFFICER ADMINISTERING OATH

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS

SIGNATURE OF APPLICANT

REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3

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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 COUNTY OF ISSUE NYSID NUMBER PPB-3 (REV. 03/11) LICENSE STATE OF NEW YORK NUMBER EXPIRATION DATE PISTOL /REVOLVER LICENSE APPLICATION DATE OF ISSUE LAST NAME MONTH YEAR SEX RESIDENCE ADDRESS CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK HGT (ins) WGT (lbs) EYES HAIR RACE SOCIAL SECURITY NUMBER PRESENT OCCUPATION CITIZEN OF U.S.A. ☐ YES ☐ NO NATURE OF BUSINESS BUSINESS ADDRESS 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 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 HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? IF YES, FURNISH THE FOLLOWING INFORMATION: NO DATE POLICE AGENCY 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 □ NO YES PRIVATE INSTITUTION, FOR MENTAL ILLNESS? HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION YES □ NO FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF YES □ NO A HANDGUN? HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT YES NO OF A PROCEEDING IN FAMILY COURT? 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. **PHOTOGRAPH** OF APPLICANT I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH **TAKEN WITHIN 30 DAYS** 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.

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. **FULL FACE ONLY** JURAT: SIGNED AND SWORN TO BEFORE ME , 20 , NEW YORK

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS

REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3

SIGNATURE OF APPLICANT

TITLE OF OFFICER

SIGNATURE OF OFFICER ADMINISTERING OATH

1. RIGHT THUMB	2. RIGHT	FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
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Additional Fire Arms

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 COUNTY OF ISSUE NYSID NUMBER PPB-3 (REV. 03/11) LICENSE STATE OF NEW YORK NUMBER EXPIRATION DATE PISTOL /REVOLVER LICENSE APPLICATION DATE OF ISSUE LAST NAME MONTH YEAR SEX RESIDENCE ADDRESS CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK HGT (ins) WGT (lbs) EYES HAIR RACE SOCIAL SECURITY NUMBER PRESENT OCCUPATION CITIZEN OF U.S.A. ☐ YES ☐ NO NATURE OF BUSINESS BUSINESS ADDRESS 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 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 HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? IF YES, FURNISH THE FOLLOWING INFORMATION: NO DATE POLICE AGENCY 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 □ NO YES PRIVATE INSTITUTION, FOR MENTAL ILLNESS? HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION YES □ NO FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF YES □ NO A HANDGUN? HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT YES NO OF A PROCEEDING IN FAMILY COURT? 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. **PHOTOGRAPH** OF APPLICANT I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH **TAKEN WITHIN 30 DAYS** 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.

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. **FULL FACE ONLY** JURAT: SIGNED AND SWORN TO BEFORE ME , 20 , NEW YORK

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS

REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3

SIGNATURE OF APPLICANT

TITLE OF OFFICER

SIGNATURE OF OFFICER ADMINISTERING OATH

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PPB 3A (PPB3)
Additional Firearms



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 INFOR	RMATION:			
Last Name:		First Name:_		M.I
Note: You mu	st notify the County Clerk		ur residence address	ZIP changes, with information
•	•	ords (Penal Law 400.00-9 Social Securit	,	
		Eye Color:		
Place of Birth:		E-Mail Addre	ess:	
Telephone (Home):		(Cell):		
Driver License #:		Class	State:	
Race:				
Asian/Pacific Isla	ander 🗌 Black	☐ White ☐ Oth	er	an Indian/Alaskan Native
Ethnic:				
Hispanic	☐ Non-Hispanic			
Marital Status:				
Single	Married	Separated	Divorced	Widowed
Other Names You	Have Been Known By	7:		
Last Name:		First Name:_		M.I
Last Name:		First Name:_		M.I
Citizenship:				
☐ Citizen by Birth ☐ Naturalized Citiz	en	Naturalization Number		

Previous Home A	ddress(s):					
Address #1:	STREET		CITY	STATE	FROM	TO
			OHT	OTATE	TROM	10
Address #2:	STREET		CITY	STATE	FROM	ТО
EMPLOYER INFO	RMATION:					
Employer Name:				Occupation:		
Dates of Employme	ent (From):			To:		
Your Supervisor's N	Name:				Title:	
Address:						
Address:	STREET	CITY		S	TATE	ZIP
Telephone (Work):			Email (V	/ork):		
List The Name & A	Address of Your	Nearest Rela	ative(s) No	t Residing wit	th You:	
Relative #1:						
Last Name:			First Nar	me:		M.I
Address:						
Address:	STREET		CITY	S	TATE	ZIP
Telephone (Home):	<u> </u>		Telepho	ne (Alt):		
Relative #2:						
Last Name:			First Nar	ne:		M.I
Address:	STREET		CITY	S	TATE	ZIP
Talambana (Hama)						
Telephone (Home):	:		relepho	ne (Ait):		
List The Name & A Death or Disability		sponsible Pe	rson Who	Will Safeguar	d Firearm(s)	In The Event of Yo
Last Name:	•		First Nar	ne:		M.I
DOB:						
Address:	STREET		CITY		STATE	ZIP
Telephone (Home):			(Work):		
Telephone (Cell):			E-Mail A	Address:		

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?		
2.	Have you ever served in the armed forces of the United States or of any country?	'	
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?		
4.	Have you ever sought or undergone treatment for alcohol or drug use?		
5.	Do you regularly use medications that may cause drowsiness, impairment or which are classified as a narcotic or as a tranquilizer?		
6.	Have you ever suffered from, sought treatment for, or been treated for any form of mental illness or depression, or any related disease or condition?		
7.	Do you suffer from any physical defect that might interfere with the safe handling of a firearm?		
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?		
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).		
10.	Has an Order of Protection 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).		
11.	Have you taken the required firearm safety course, or do you have prior experience with firearm(s)?		
	ANSWER IS "YES", FULLY EXPLAIN ON A SEPARATE SHEET OF PAPER. TED, SIGNED AND NOTARIZED:	THE P	APER MUST
APPLIC	CANT NAME (PRINT) APPLICANT NAME (SIGNATURE)	RE)	_
	OF NEW YORK) TY OF WESTCHESTER)		
SUBSC	RIBED AND SWORN TO BEFORE ME THIS DAY OF	_ YEAR	<u>:</u> -
	SIGNATURE OF NOTARY PUBLIC	_	
	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 n Safety, regardless of whether such records are public	nyself to the Westchester County	Department of Public
The intent of this authorization is to grant my conserecords concerning myself. This includes, but is no medical and/or psychiatric history and treatment, records related to my past or current employment are efficiency ratings, evaluations, complaints or grieval	ot limited to, records pertaining to ecords of the United States Arme and pre-employment, to include ba	o my education, ed Forces or military,
I certify that any person or agency who may furnish held liable or accountable for providing this informa- from any and all liability on account of having prov Westchester County Department of Public Safety fr collected, used or disseminated such information.	ation and I hereby release any surided such information. I further	ch person or agency release the
A PHOTO-COPY OF THIS RELEASE WILL BE VAL SAID PHOTO-COPY DOES NOT CONTAIN AN ORI		
I have read and fully understand the contents of this	s Authorization for Release of Pe	rsonal 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	7

Telephone: 914-995-2709

A New York State Accredited Law Enforcement Agency 110 Dr. Martin Luther King Jr. Blvd, Room 340A White Plains, NY 10601 WCPD- 126N (01-05-2010)

Website: Westchestergov.com



OFFICE USE ONLY Robert P. Astorino **County Executive** CASE #:_____ Department of Public Safety DETECTIVE: George N. Longworth Commissioner/Sheriff 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:______ CITY Sex:______ Social Security. #:______ Place of Birth:_____ Sincerely, DEPARTMENT OF PUBLIC SAFETY Westchester County Police

George N. Longworth Commissioner/ Sheriff



County Execut			CASE #		
George N. Lon	ngworth		DETECTIVE:		
Commissioner	/Sheriff				
To:					
	REQU	IEST FOR RECO	RDS CHECK		
respectfully	listed individual has made y request that you check y or by fax of the results (Fa	our records for any ac	dverse information of	n this person and a	
	gency does not possess a gency is in possession of t			d subject.	
Official con	mpleting records check,				
Name:		Title:	Da	te:	
	APPLICANT: PLEASE				
Name (Las	st):	First:		M.I	
Other Nam	nes You Have Been Know	n By:			
Address:					
	STREET	CITY	STATE	ZIP	
Sex:	Date of Birth:	Socia	I Security #:		
Sincerely,					
	ENT OF PUBLIC SAFETY r County Police				

WCPD 126Z (01-05-2010)

George N. Longworth Commissioner/ Sheriff



CHARACTER REFERENCE LETTER

OFFICE USE ONLY
CASE#
DET:

Last Name.		First Name:		M.I
Address:				
	STREET	CITY	STATE	ZIP
HIS SECTION TO	BE COMPLETED BY 1	THE PERSON PROVIDING THE	CHARACTER REFER	RENCE:
elated to the appli	icant by consanguinit nt for a sufficient peri ommunity.	g a character reference on be y (blood or ancestry) or by ma od of time to be able to establ	arriage (in-law) and m	nust have
_	-			
ast Name:		First Name:		M.I
Address:	STREET	CITY	STATE	ZIP
		ocial Security Number (last fo		
ate of Birth:	S			
		Telephone (Wor	k):	
elephone (home)	:	•	,	
elephone (home)	:	Telephone (Wor	,	

What is the applicant's general temperament. aggressive, threatening, violent or bizarre beh		ant to engage in
Have you ever known the applicant to use alcoyes, please explain:	phol excessively or to the point o	f impairment? If
Have you ever known the applicant to use drug socialize with persons who do so? If yes, plea		airment, or to
Do you know of any contacts that the applican of any unfavorable incident(s) in the life of the		
What is your overall opinion of the applicant?	(Please explain):	
REFEREE NAME (PRINT)	REFEREE NAME (SIGNATURE)	<u></u>
STATE OF NEW YORK) COUNTY OF WESTCHESTER)		
SUBSCRIBED AND SWORN TO BEFORE ME THIS _	DAY OF	YEAR
	SIGNATURE OF NOTARY PUBLIC	



CHARACTER REFERENCE LETTER

OFFICE USE ONLY
CASE#
DET:

Last Name.		First Name:		M.I
Address:				
	STREET	CITY	STATE	ZIP
HIS SECTION TO	BE COMPLETED BY 1	THE PERSON PROVIDING THE	CHARACTER REFER	RENCE:
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What is the applicant's general temperament. aggressive, threatening, violent or bizarre beh		ant to engage in
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STATE OF NEW YORK) COUNTY OF WESTCHESTER)		
SUBSCRIBED AND SWORN TO BEFORE ME THIS _	DAY OF	YEAR
	SIGNATURE OF NOTARY PUBLIC	



CHARACTER REFERENCE LETTER

OFFICE USE ONLY			
CASE#			
DET:			

Last Name.		First Name:		M.I
Address:				
	STREET	CITY	STATE	ZIP
HIS SECTION TO	BE COMPLETED BY 1	THE PERSON PROVIDING THE	CHARACTER REFER	RENCE:
elated to the appli	icant by consanguinit nt for a sufficient peri ommunity.	g a character reference on be y (blood or ancestry) or by ma od of time to be able to establ	arriage (in-law) and m	nust have
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Address:	STREET	CITY	STATE	ZIP
		ocial Security Number (last fo		
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		Telephone (Wor	k):	
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What is the applicant's general temperament. aggressive, threatening, violent or bizarre beh		ant to engage in
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What is your overall opinion of the applicant?	(Please explain):	
REFEREE NAME (PRINT)	REFEREE NAME (SIGNATURE)	<u></u>
STATE OF NEW YORK) COUNTY OF WESTCHESTER)		
SUBSCRIBED AND SWORN TO BEFORE ME THIS _	DAY OF	YEAR
	SIGNATURE OF NOTARY PUBLIC	



CHARACTER REFERENCE LETTER

OFFICE USE ONLY			
CASE#			
DET:			

Last Name.		First Name:		M.I
Address:				
	STREET	CITY	STATE	ZIP
HIS SECTION TO	BE COMPLETED BY 1	THE PERSON PROVIDING THE	CHARACTER REFER	RENCE:
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ast Name:		First Name:		M.I
Address:	STREET	CITY	STATE	ZIP
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Do you know of any contacts that the applican of any unfavorable incident(s) in the life of the		
What is your overall opinion of the applicant?	(Please explain):	
REFEREE NAME (PRINT)	REFEREE NAME (SIGNATURE)	<u></u>
STATE OF NEW YORK) COUNTY OF WESTCHESTER)		
SUBSCRIBED AND SWORN TO BEFORE ME THIS _	DAY OF	YEAR
	SIGNATURE OF NOTARY PUBLIC	



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 Nam	ne:			_ M.I
Address:	STREET		CITY		STATE		ZIP
Birth Date:				curity #:			
Height:	Weight:		Eye Color:		_ Hair Col	or:	
Place of Birth:			Occupati	ion:			
Employer Name:				Telep	none #:		
Employer Address:	STREET		CITY		STATE		ZIP
Telephone (Home):			Telephon	e (Work):_			
Previous Address:_		STREET	CIT	Y	ST	ATE	ZIP
Marital Status:							
Single	☐ Married		Separated	☐ Div	orced		☐ Widowed
Citizenship:							
☐ Citizen By Birth☐ Naturalized Citiz☐ Resident Alien	en		Naturalization Nu Alien Registration				

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? 2. Have you ever sought or undergone treatment for alcohol or drug use? 3. Do you regularly use medications that may cause drowsiness, impairment or which are classified as a narcotic or as a tranquilizer? Have you ever suffered from, sought treatment for, or been treated for any 4. form of mental illness or depression, or any related disease or condition? 5. Do you suffer from any physical defect that might interfere with the safe handling of a firearm? 6. Have you ever been convicted of a felony or serious offense (Penal Law 265)? 7. Have you ever been arrested for or charged with any crime 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) 8. Do you currently have, or have you ever had, an Order of Protection issued against you by any person? (if yes, list the court of issuance, date of issuance, complainant's name/ address/ telephone number/ relationship to you & reason for the order). 9. Do you currently have, or have you ever had, an Order of Protection issued by you against any other person? (if yes, list the court of issuance, date of issuance, respondent's name/ address/ telephone number/ relationship to you & reason for the order). **INSTRUCTION COURSE INFORMATION:** Name of Course or Firearm Range:_____

Telephone #:_____

Address:______STREET

CITY

STATE

ZIP

FIREARM INSTRUCTOR INFORMATION (ATTACH COPY OF INSTRUCTOR CERTIFICATE):

Last Name:	First Name:		_ M.I
Address:street	OUTV	07475	710
		STATE	ZIP
Telephone #:			
DATES OF INSTRUCTION (FROM):	1	ГО:	
INSTRUCTOR'S STATEMENT: I have personally met the above listed applicant threat or pose a threat or danger to himself or to			ppear to be a
INSTRUCTOR NAME (PRINT)	INSTRUCTOR SIG	GNATURE	-
APPLICANT NAME (PRINT)	APPLICAN	NT NAME (SIGNATUR	RE)
STATE OF NEW YORK) COUNTY OF WESTCHESTER)			
SUBSCRIBED AND SWORN TO BEFORE ME THIS	DAY OF	YEAR	
	SIGNATURE OF N	NOTARY PUBLIC	-
LICENSING OFFICER (SIGNATURE) APP	ROVED / DISAPPR	OVED	

WCPD 126B (01-23-2008)

NYS Firearms License Request for Public Records Exemption Pursuant to section 400.00 (5) (b) of the NYS Penal Law

Name			Date of Birth		
Address			City	State	
Firearms Lic	cense #	(if applicable)	Date	e Issued	
Licensing A	uthorit	y / County of Issuance or Ap	oplication		
license not l	be a pu	hat any information concerblic record. The grounds form as follows: (check all that	or which I believe my inform		
[] 1. My l	ife or sa	fety may be endangered by disc	losure because:		
[]	A.	I am an active or retired police corrections officer;	e officer, peace officer, probation	officer, parole officer, or	
[]	B.	I am a protected person under	a currently valid order of protect	ion;	
[]	C	I am or was a witness in a crir	minal proceeding involving a crim	ninal charge;	
[]	D.	I am participating or previous member of a grand jury;	ly participated as a juror in a crim	ainal proceeding, or am or was a	
		ety or that of my spouse, domes some other reason explained be			
[] 3. I am	a spouse	e, domestic partner or household	l member of a person identified	in A, B, C or D of question 1.	
(Pleas	se check	any that apply)			
A	B_	C D			
[] 4. I have	e reason	to believe that I may be subject	to unwarranted harassment up	oon disclosure.	
5. (Plea	se provid	de any additional supportive infor	mation as necessary)		
understand	that u	false statements made here pon discovery that I knowi les and that this request fo	ingly provided any false in	formation, I may be subje	
Signature Signature				Date	

PROOF OF RESIDENCEY NOT IN YOUR NAME

Date:	
To Whom It May Concern:	
I,(Name)	, am informing
that(Applicant)	, who is my
(Relation to Applicant) at my address of	
Please see the attached copy of my utility bill:(Utility Compa	 ny)
I am also aware that is app. (Applicant) permit in Westchester County and I approve if you were to grant his	lying for a pistol
If you have any questions, please contact me at(Telephone #)	
Thank you,	
Print Name:	
Signature:	
STATE OF NEW YORK) COUNTY OF WESTCHESTER)	F.
SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY O YEAR	r

SIGNATURE OF NOTARY PUBLIC