Pistol/Revolver License Application Semi-Automatic Rifle License Application

Com Automatic Time Electrice Application								
THIS SECTION TO BE COMPLETED BY LICENSING OFFICE								
NYSID#	Driver's License # (or Non-Driver ID)	License State	License State					
County of Issue	Date of Issue	Expiration Date (Expiration Date (If Applicable)					
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.								
Personal Information								
Last Name	First Name	Middle Name	Suffix					

Personal Information														
Last Name			First Name				N	Middle Name		Suffix				
Street Name (Physical A	Address)		Į.			Apt #	Cit	ty		l		State	e	Zip
Mailing Address (If Diff	erent than Phy	rsical)				Apt # City						State	:e	Zip
Sex:	DOB:		Height:	ft	in	Weight	ight: Hair:				Eyes:			
Social Security Numb	er:		Ethnici	nicity:			F	Race:				Citizen of U.S.		of U.S.
Driver's License # (or	Non-Driver II	D)	License	State	Primar	y Phone	# Secondary Phone		Phone #	Email Address		s		
Employed By			Curren	urrent Occupation					Nature of Business					
Business Address			.	Apt # City				State Zip			Zip			
I hereby apply for a Pistol/Revolver License to: (Che (*) Premise Address or Employer Name and Addr				con only one,					ss on Premises			ess/Carry g Employment		
Employer Name (If Carry During Employment) Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)							Zip Code)							
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No) Yes No														
Give four character references who by their signature attest to your good moral character														
Last, First, MI Street Address (Street #, Name, Apartment #, City, State, Zip Code)					:	Signat	ture							
		l												

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Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED								
CURRENT MARRIAGE OR RELATIONSHIP								
What is the Applicant's current relationship status?								
If applicable, provide the requested information regarding the Applicant's current relationship below.								
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB				
Phone Number				·				
Do minors reside within the residence?	Yes No		If, yes: Part Time	Full Time				
	ADULTS RESIDING IN H	OME, INCLUDIN	G ADULT CHILDREN					
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB				
Phone Number								
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB				
Phone Number								
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB				
Phone Number			,	1				

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Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)? Sealed arrests must be included. *Refer to Executive Law §296(16)								
	Yes No If yes, furnish the following information:							
Arrest Date	Police Agency	Charge	Disposition Date	sposition Date Disposition Court				
Are you a fugitive	from justice?					Yes	No	
Are you an unlaw	ful user of or addicted t	o any controlled s	substance as defined in	section 21	U.S.C. 802?	Yes	No	
Are you an alien i	llegally or unlawfully in	the United States	?			Yes	No	
Are you an alien a	admitted to the United S	states who does n	ot qualify for the except	tions under	18 U.S.C. 922 (y)(2)?	Yes	No	
Have you been discharged from the Armed Forces under dishonorable conditions?							No	
Have you ever renounced your United States citizenship?							No	
Have you ever suffered any mental illness?							No	
Have you ever been involuntarily committed to a mental health facility?							No	
Have you ever had a pistol / revolver / semi-automatic rifle license revoked?							No	
Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act?						Yes	No	
Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs?						Yes	No	
Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years? *THIS QUESTION ONLY APPLIES TO CARRY CONCEALED						Yes	No	
Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year?						Yes	No	
If the answer to a	ny of the questions abo	ve is YES, explair	n here:					
For applicants under twenty-one years of age only:								
Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the Yes National Guard of the State of New York?							No	

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Photograph Of Applicant Taken Within 30 Days Knowingly providing false information 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 pistol/revolver 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. Jurat: Signed and sworn to me before									
		This	day of		, 2	0			
		at			, N	ew York			
Signature of A	pplicant	Signat		Title of Officer					
			APPLICAT	TION NOT VAL	ID UNLESS SWORN	1			
Fingerprints submitted e	lectronically by:								
Name		Rank _			Organization				
Date Submitted									
Investigation Report – A	Il information provided by	this applicant has be	een verified:						
Name		Rank _			Organization				
				Się	gnature of Investigating (Officer			
This application is	Approved D	isapproved	The follow	ving restriction	(s) is (are) applicable to	o this license:			
Title	e and Signature of Licensing	g Officer							
If Licensing Officer authoriological following information:	orizes the possession of a	a pistol, revolver or s	single shot firearm	(s) at the time	of issue of original lice	ense, furnish the			
***List handguns only, d	o not list semi-automatic	rifles.		T					
Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	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.

This form is approved by the Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.