

INSTRUCTIONS: Print or type in black ink only

NYSID NUMBER, LICENSE NUMBER, DATE OF ISSUE, COUNTY OF ISSUE, STATE OF NEW YORK, PISTOL/REVOLVER LICENSE APPLICATION, EXPIRATION DATE, MONTH, DAY, YEAR, CODE

LAST NAME, FIRST NAME, MI, MONTH, DAY, YEAR, SEX, RESIDENCE ADDRESS, CITY, VILLAGE, TOWN AND STATE IF OTHER THAN NEW YORK, ZIP CODE, HGT (INS), WGT (LBS), EYES, HAIR, RACE, SOCIAL SECURITY NUMBER, PRESENT OCCUPATION, CITIZEN OF U.S.A., EMPLOYED BY, 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, ZIP CODE, A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

Table with 4 columns: LAST, FIRST, MI; STREET ADDRESS; CITY, VILLAGE, TOWN; SIGNATURE. Header: GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? [] YES [] NO IF YES, FURNISH THE FOLLOWING INFORMATION:

Table with 4 columns: DATE, POLICE AGENCY, CHARGE, 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 PRIVATE INSTITUTION, FOR MENTAL ILLNESS? [] YES [] NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? [] YES [] NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN? [] YES [] NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? [] YES [] NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS FULL FACE ONLY

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. 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 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 BEFORE ME THIS ___ DAY OF ___, 20 ___ AT ___, NEW YORK

SIGNATURE OF APPLICANT

SIGNATURE OF OFFICER ADMINISTERING OATH

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

IMPRESSIONS TAKEN BY: NAME _____ RANK _____ SHIELD _____ DATE _____

APPLICANT'S SIGNATURE AND ADDRESS: _____

INVESTIGATION REPORT - ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME _____ RANK _____ ORGANIZATION _____

SIGNATURE OF INVESTIGATING OFFICER _____

THIS APPLICATION IS **APPROVED - DISAPPROVED** (STRIKE OUT ONE)

THE FOLLOWING RESTRICTION(S) IS (ARE) APPLICABLE TO THIS LICENSE:

TITLE AND SIGNATURE OF LICENSING OFFICER _____

IF LICENSING OFFICER AUTHORIZES THE POSSESSION OF A PISTOL OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	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.

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NYSID NUMBER											PPB-3 (REV. 02/07)	COUNTY OF ISSUE								
LICENSE NUMBER											STATE OF NEW YORK				CODE					
DATE OF ISSUE	MONTH	DAY	YEAR											PISTOL/REVOLVER LICENSE APPLICATION			EXPIRATION DATE	MONTH	DAY	YEAR

LAST NAME											FIRST NAME											MI	MONTH	DAY	YEAR	SEX
RESIDENCE ADDRESS											CITY, VILLAGE, TOWN AND STATE IF OTHER THAN NEW YORK										DATE OF BIRTH			ZIP CODE		
HGT (INS)	WGHT (LBS)	EYES	HAIR	RACE											SOCIAL SECURITY NUMBER					PRESENT OCCUPATION					CITIZEN OF U.S.A. <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYED BY					NATURE OF BUSINESS					BUSINESS ADDRESS																

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GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER			
LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

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PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

FULL FACE ONLY

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 JURAT:
 SIGNED AND SWORN TO BEFORE ME
 THIS _____ DAY OF _____, 20 _____
 AT _____, NEW YORK

 SIGNATURE OF OFFICER ADMINISTERING OATH

 SIGNATURE OF APPLICANT

