

do not write above this line

INSTRUCTIONS: Print or type in black ink only

| | | | | | | | | | | | | | | | | | | |
|----------------|-------|-----|------|--|--|--|--|--|--|--|--|-----------------------------------|--|--|-----------------|-------|-----|------|
| NYSID Number | | | | | | | | | | | PPB 3 (Rev. 06/17) | County of Issue MADISON | | | Code | | | |
| License Number | | | | | | | | | | | STATE OF NEW YORK PISTOL /REVOLVER LICENSE APPLICATION | | | | Expiration Date | Month | Day | Year |
| Date of Issue | Month | Day | Year | | | | | | | | | | | | | | | |

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.

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|------------|-----------------|--|--|------|--------------|----|--------|------|------|--|--|----|----------------------------|--|--|---|--|--|
| Last Name | | | | | | | | | | | | | | | | Suffix | | |
| First Name | | | | | | | | | | | | MI | Date of Birth – MM DD YYYY | | | NY Driver's License (or NY Non-Driver ID) No. | | |
| Gender | Social Security | | | Race | Height ft | in | Weight | Eyes | Hair | Citizen of U.S.A <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |

Physical Address (Street number, street name, apartment number, city, state, zip code)

Mailing Address (If different from physical address)

| | | |
|----------------------|------------------------|---------------|
| Primary Phone Number | Secondary Phone Number | Email Address |
|----------------------|------------------------|---------------|

| | | |
|-------------|--------------------|--------------------|
| Employed By | Present Occupation | Nature of Business |
|-------------|--------------------|--------------------|

Business Address (Street number, street name, apartment number, city, state, zip code)

I hereby apply for a Pistol / Revolver License to: (Check only one) Carry Concealed * Possess on Premises * Possess / Carry During Employment
 (*) Premise Address or Employer Name and Address must be provided below:

| | |
|--|---|
| Employer Name (If Carry During Employment) | Address or Other Location (Street number, street name, apartment number, city, state, zip code) |
|--|---|

A license is required for the following reasons:

| Give four character references who by their signature attest to your good moral character. | | |
|--|---|-----------|
| Last, First, MI | Street Address, (Street number, street name, apartment number, city, state, zip code) | Signature |
| | | |
| | | |
| | | |
| | | |

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:

| Arrest Date | Police Agency | Charge | Disposition Date | Disposition Court | Disposition |
|-------------|---------------|--------|------------------|-------------------|-------------|
| | | | | | |
| | | | | | |

Are you a fugitive from justice? YES NO

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? YES NO

Are you an alien illegally or unlawfully in the United States? YES NO

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? YES NO

Have you been discharged from the Armed Forces under dishonorable conditions? YES NO

Have you ever renounced your United States citizenship? YES NO

Have you ever suffered any mental illness? YES NO

Have you ever been involuntarily committed to a mental health facility? YES NO

Have you ever had a pistol / revolver license revoked? YES 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

Are you aware of any good cause for the denial of the license? 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 any of the questions above is YES, explain 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 National Guard of the State of New York?

YES NO

Photograph
Of Applicant
Taken Within 30 Days

Full Face Only

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 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

Title of Officer

APPLICATION NOT VALID UNLESS SWORN

Fingerprints submitted electronically by:

Name _____ Rank _____ Organization _____

Date Submitted _____

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, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:

| Manufacturer | Pistol / Revolver / Single Shot | Model | Frame Only | Caliber(s) | Serial Number | Property Of |
|--------------|---------------------------------|-------|--------------------------|------------|---------------|-------------|
| | | | <input type="checkbox"/> | | | |
| | | | <input type="checkbox"/> | | | |
| | | | <input type="checkbox"/> | | | |
| | | | <input type="checkbox"/> | | | |

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