

State of New York

Pistol/Revolver License Application Semi-Automatic Rifle License Application

THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

| | | |
|-----------------|---------------------------------------|---------------------------------|
| NYSID # | Driver's License # (or Non-Driver ID) | License State |
| | | |
| County of Issue | Date of Issue | 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 |
| | | | | | |
| Street Name (Physical Address) | | | Apt # | City | State Zip |
| | | | | | |
| Mailing Address (If Different than Physical) | | | Apt # | City | State Zip |
| | | | | | |
| Sex: | DOB: | Height: ft in | Weight: | Hair: | Eyes: |
| | | | | | |
| Social Security Number: | | Ethnicity: | Race: | Citizen of U.S. | |
| | | | | | |
| Driver's License # (or Non-Driver ID) | | License State | Primary Phone # | Secondary Phone # | Email Address |
| | | | | | |
| Employed By | Current Occupation | | Nature of Business | | |
| | | | | | |
| Business Address | | | Apt # | City | State Zip |
| | | | | | |
| 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 #, Street Name, Apartment Number, City, State, 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) | | Signature | |
| | | | | | |
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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 HOME, INCLUDING 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 | | | | |
| | | | | |

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**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 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 _____, 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 The following restriction(s) is (are) applicable to this license:

Title and Signature of Licensing Officer

The following restriction(s) is (are) applicable to this license:

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:

*****List handguns only, do not list semi-automatic rifles.**

| Manufacturer | Pistol/Revolver/ Single Shot | Model | Frame Only | Caliber(s) | Serial Number | Property of |
|--------------|---------------------------------|-------|------------|------------|---------------|-------------|
| | | | | | | |
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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.