

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

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.

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
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Employed By	Present Occupation	Nature of Business
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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)
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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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an alien illegally or unlawfully in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> 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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever renounced your United States citizenship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever suffered any mental illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been involuntarily committed to a mental health facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had a pistol / revolver license revoked?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you aware of any good cause for the denial of the license?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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.