PPB 3B (02/17)

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE APPLICATION FINGERPRINT FORM

INSTRUCTIONS: Print or type in black ink only

Last Name			Suffix
First Name	MI	Date of Birth – MM DD YYYY	NY Driver's License (or NY Non-Driver ID) No.

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: _____

Attach this form to your Pistol / Revolver License Application (PPB-3)