



POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK

PISTOL LICENSE APPLICANT QUESTIONNAIRE



(PRINT CLEARLY IN BLACK INK ONLY)

LAST NAME		FIRST	MIDDLE	NICKNAME/ ALIAS	
ADDRESS: NO. STREET			VILLAGE	STATE	ZIP CODE
TELEPHONE NUMBER		CELL PHONE NUMBER		E-MAIL ADDRESS	
SOCIAL SECURITY NO.		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT FEET INCHES
WEIGHT	RACE	HAIR COLOR	EYE COLOR		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/WIDOWER
PLACE OF BIRTH		<input type="checkbox"/> CITIZEN <input type="checkbox"/> ALIEN	IF NATURALIZED, GIVE DATE AND COURT WHERE PAPERS ARE FILED AND ALIEN REGISTRATION NO.		
IF FEMALE, MAIDEN NAME		FATHER'S NAME		IF MALE, WIFE'S MAIDEN NAME MOTHER'S MAIDEN NAME	
SPOUSE'S NAME (Domestic Partner)			SPOUSE'S D.O.B. (Domestic Partner)		SPOUSE'S TELEPHONE NO. (Domestic Partner)
NEXT OF KIN (Include Date of Birth, Address and Phone Number)					

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED OR RECEIVED AN APPEARANCE TICKET FOR ANY OFFENSE EXCEPT TRAFFIC INFRACTIONS? IF YES, PROVIDE THE FOLLOWING INFORMATION: YES NO

DATE	POLICE AGENCY	CHARGE	DISPOSITION	COURT & DATE

LIST ALL HANDGUNS IN YOUR POSSESSION (If none, so indicate)

MANUFACTURER	PIST. or REV.	CALIBER	SERIAL NUMBER	MODEL	BARREL LENGTH	COLOR	PROPERTY OF

EMPLOYED BY;		BUSINESS ADDRESS	
OCCUPATION		NATURE OF BUSINESS	BUSINESS PHONE NO.

LIST ALL PLACES OF EMPLOYMENT FOR LAST FIVE (5) YEARS (Include business name, address, nature of business and phone no.)

LIST ALL PLACES OF RESIDENCE FOR THE LAST TEN (10) YEARS (Include apartment no., state, county and zip code)

TYPE OF LICENSE YOU ARE APPLYING FOR: BUSINESS TARGET/BUSINESS RETIRED PEACE OFFICER RETIRED FEDERAL LAW ENFORCEMENT RETIRED POLICE OFFICER SECURITY/ARMORED CAR TARGET/HUNTING

NAME, DATE OF BIRTH, ADDRESS, AND PHONE NUMBER OF PERSON WHO WILL SAFEGUARD PISTOL(S) AND NOTIFY PISTOL LICENSING BUREAU IN CASE OF APPLICANT'S DEATH OR DISABILITY (The individual should be a Nassau County resident not living with you and does not need to possess a pistol license)

HOW AND WHERE WILL GUNS BE SAFEGUARDED:

GIVE FOUR (4) CHARACTER REFERENCES

LAST, FIRST, M.I.	D.O.B.	STREET ADDRESS	CITY, VILLAGE, TOWN	HOME PHONE	CELL PHONE

- Have you ever been dishonorably discharged from the armed forces? YES NO
- Have you ever undergone treatment for alcohol or substance use? YES NO
Have you used or still use narcotics, tranquilizers or anti depressant medication? YES NO
If YES, record doctor's name, address and phone number, (attach).
- Have you ever had a pistol license, dealer's license, gunsmith license, or any application for such a license disapproved, or had such 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 subject of a proceeding in Family Court, or any Court? YES NO
- Have you ever received a traffic summons or been convicted for any traffic infraction in the last (5) years? YES NO
If YES, list the following information, date, charge(s), disposition, court, and police agency, (attach).
- Have you ever been arrested? YES NO
If YES, list the following information, date, charge(s), disposition, court, and police agency, (attach).
- Have you been discharged from any employment? YES NO
- Have you or any member of your household ever suffered any mental illness, or been confined to any hospital, public or private institution for mental illness? YES NO
- Have you been denied appointment to a civil service position, Federal, State or Local? YES NO
- Have you served in the armed forces of this or any other country? YES NO
If YES, provide service number, dates, and details. If discharge other than honorable provide details,(attach).
- Have you been the subject of military disciplinary action? YES NO
- Have you had any license (i.e. driver's or liquor) issued by any agency denied, revoked, cancelled or suspended? YES NO

14. If YES to ANY answer to questions 1 through 13, see instructions for providing statement:

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:

- No license issued as a result of this application is valid in the City of New York.
- Any license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license or in an amendment to such license properly issued by the licensing officer.
- If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of State Police and in Nassau and Suffolk counties, to the Police Commissioner of that county, within 10 days of such change.
- 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 or record.

STATE OF NEW YORK
COUNTY OF NASSAU

SS:

I, _____, being duly sworn, depose and say that I am the above named person, I have personally read and answered each and every question herein and each and every answer is full, true and correct in every respect.

Sworn to before me this _____
day of _____, 20_____

SIGNATURE OF APPLICANT

NOTARY STAMP

SIGNATURE NOTARY PUBLIC

