

INSTRUCTIONS: Print or type in black ink only

NYSID Number	PPB 3 (Rev. 06/17)										County of Issue			
License Number											Code			
Date of Issue	Month	Day	Year								Expiration Date	Month	Day	Year

STATE OF NEW YORK
PISTOL /REVOLVER LICENSE APPLICATION

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: For All Lawful Purposes

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.

NEW YORK STATE
 Pistol / Revolver License Application Continuation Sheet ___ of ___

INSTRUCTIONS: Print or type in black ink only

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

FIREARMS DATA: Continued

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

I certify the information provided above is correct.

_____ Signature

_____ Date

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



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT
BACKGROUND INVESTIGATION
WORKSHEET**

OFFICE USE ONLY	
CASE#:	_____
DET:	_____

Please refer to the Pistol Safety and Information Handbook for Westchester County when completing this form. Do not leave any question blank.

APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Address: _____
STREET CITY STATE ZIP

Birth Date: _____ Sex: _____ Social Security#: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Place of Birth: _____ E-Mail Address: _____

Telephone (Home): _____ (Cell): _____

Driver License/Non-Driver ID #: _____ State: _____

Race: Asian/Pacific Islander Black White American Indian/Alaskan Native

Ethnicity: Hispanic Non-Hispanic

Marital Status: Single Married Separated Divorced Widowed

Citizenship:

Citizen by Birth

Naturalized Citizen

Resident Alien

Naturalization Number: _____

Alien Registration Number: _____

Other Names You Have Been Known By:

Previous Home Address(s):

Address #1: _____ /
STREET CITY STATE FROM TO

Address #1: _____ /
STREET CITY STATE FROM TO

Employer Information:

Employer Name: _____ Occupation: _____

Employer Address: _____
STREET CITY STATE ZIP

Employed (From): _____ To: _____ Supervisor's Name: _____

Telephone (Work): _____ Email (Work): _____

List your nearest relative not residing with you:

Last Name: _____ First Name: _____ M.I. _____

DOB: _____ Relation to you: _____

Address: _____
STREET CITY STATE ZIP

Telephone (Home): _____ (Cell): _____

List a responsible person who will safeguard firearm(s) in the event of your death or disability:

Last Name: _____ First Name: _____ M.I. _____

DOB: _____ Relation to you: _____

Address: _____
STREET CITY STATE ZIP

Telephone (Home): _____ (Cell): _____

Have you taken a firearms safety course or, for retiring law enforcement, have you completed firearms' training that includes firearms safety:

Yes No (attach original documentation)

How and where will firearm(s) be safeguarded when not in use?

If any answer is YES, attach a detailed, notarized letter of explanation and copies of any related documents, e.g. arrest disposition, order of protection, military discharge papers, etc.

HAVE YOU EVER:

1. Applied for or held a pistol license, firearm dealer license or gunsmith license in New York State or in any other state or a foreign country? Yes No
2. Served in the military of the United States or a foreign country, or been rejected for military service?..... Yes No
3. Sought or undergone treatment for drug or alcohol use or been addicted to drugs or alcohol?..... Yes No
4. Suffered from, sought or undergone treatment for any form of mental illness, stress-related disorder or condition involving emotion or behavior control?..... Yes No
5. Been arrested, indicted, summonsed or charged with ANY offense, other than parking violations, in any jurisdiction; federal, state, local or foreign? (including dismissed and sealed cases)..... Yes No
6. Been a petitioner or respondent in a Family Court proceeding?..... Yes No
7. Had an Order of Protection issued for you or against you?..... Yes No

DO YOU PRESENTLY:

8. Use marijuana or its derivatives or narcotics, controlled substances, tranquilizers or other medications that cause impairment?..... Yes No
9. Suffer from any disability or condition that may affect your ability to safely possess, use or safeguard a firearm?..... Yes No

HAS ANYONE IN YOUR HOUSEHOLD EVER:

10. Been arrested for a felony or serious offense? Yes No
11. Sought or undergone treatment for drug or alcohol use or been addicted to drugs or alcohol?..... Yes No
12. Suffered from, sought or undergone treatment for any form of mental illness, stress-related disorder or condition involving emotion or behavior control?..... Yes No
13. Had an Order of Protection issued for them or against them?..... Yes No

ARE YOU AWARE OF:

14. Any circumstance in your life, family or household that could affect your ability to safely possess, use or safeguard a firearm?..... Yes No

APPLICANT NAME (PRINT)

APPLICANT NAME (SIGNATURE)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ YEAR _____

SIGNATURE OF NOTARY PUBLIC

George Latimer
County Executive
Department of Public Safety
Thomas A. Gleason
Commissioner/Sheriff

OFFICE USE ONLY:

Case #: _____

Detective: _____

Email: _____@westchestergov.com

REQUEST FOR RECORDS CHECK

To: _____

The below listed individual has made application to Westchester County for a pistol license. In accordance with NYS Penal Law 400.00(4), a background investigation on the person is being conducted by this agency. Please search your records for any information on the named individual and report back to this agency as soon as possible. Pursuant to NYS Criminal Procedure Law section 160.50(1)(d)(iii), because the person is under investigation for a pistol license, all records are to be made available to this agency including any that were dismissed, sealed by the court or adjudicated youthful offender. Please include copies of all records in your possession. Please advise us of your findings by **Fax at 914-995-6257 or by email at the above listed address.** You may also reach us by telephone at 914-995-2709. Please include this form with your response.

- This agency does not possess any information on the below listed subject.
 The agency is in possession of the following information on the subject.

Person completing records check:

Name: _____ Title: _____ Date: _____

APPLICANT: PLEASE COMPLETE THE BELOW LISTED INFORMATION:

Name (Last): _____ First: _____ M.I. _____

Address: _____

Sex: _____ Date of Birth: _____ Social Security #: _____

Other Names You Have Been Known By: _____

Department of Public Safety
Pistol License Unit
110 Dr. MLK Jr. Blvd, 3rd Fl.
White Plains, NY 10601

Telephone: (914) 995-2709
Website: westchestergov.com



George Latimer
County Executive
Department of Public Safety
Thomas A. Gleason
Commissioner/Sheriff

OFFICE USE ONLY:

Case #: _____

Detective: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize and grant full disclosure of all records concerning myself to the Westchester County Department of Public Safety, regardless of whether such records are public, private, sealed or confidential.

The intent of this authorization is to grant my consent to full and complete disclosure of any and all records concerning myself. This includes, but is not limited to, records pertaining to my education, medical and/or psychiatric history and treatment, records of the United States Armed Forces or military, records related to my past or current employment and pre-employment, to include background reports, efficiency ratings, evaluations, complaints or grievances filed by or against me.

I certify that any person or agency who may furnish any such information concerning myself shall not be held liable or accountable for providing this information and I hereby release any such person or agency from any and all liability on account of having provided such information. I further release the Westchester County Department of Public Safety from any and all liability on account of having collected, used or disseminated such information.

A PHOTO-COPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH SAID PHOTO-COPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this Authorization for Release of Personal Information.

Person Authorizing Release of Information (signature)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ YEAR _____

SIGNATURE OF NOTARY PUBLIC

Department of Public Safety
Pistol License Unit
110 Dr. Martin Luther King Jr. Blvd, 3rd Fl.
White Plains, NY 10601

Telephone: (914) 995-2709
Website: westchestergov.com



PROOF OF RESIDENCY NOT IN APPLICANT NAME

Date: _____

To Whom It May Concern:

I, _____, do hereby state
(Name)

that _____, who is my
(Applicant)

_____, resides with me
(Relation to Applicant)

at my address of _____.

Please see the attached copy of my utility bill: _____
(Utility Company)

I am also aware that _____ is applying for a pistol
(Applicant)

permit in Westchester County and I approve if you were to grant him/her a pistol permit.

If you have any questions, please contact me at _____
(Telephone#)

Thank you,

Print Name: _____

Signature: _____

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____
YEAR _____

SIGNATURE OF NOTARY PUBLIC



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT**

CHARACTER REFERENCE LETTER

OFFICE USE ONLY

CASE#: _____

DET: _____

PISTOL LICENSE APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Address: _____
STREET CITY STATE ZIP

THIS SECTION TO BE COMPLETED BY THE CHARACTER REFEREE:

NOTE: Character referees must have known the applicant for a sufficient period of time to be able to establish the applicant's good moral character, reputation in the community and fitness to possess a firearm. The following categories of people are unacceptable as character references: Relatives, by either blood or marriage; two or more members of the same family or household.

REFEREE INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Social Security # (last four digits): _____

Telephone (home or cell): _____ Telephone (Work): _____

Employer Name: _____ Occupation: _____

Employer Address: _____
STREET CITY STATE ZIP

In what manner do you know the applicant, and for how long have you known him/her?



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In what manner do you know the applicant, and for how long have you known him/her?



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