



WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

Restriction Change Worksheet

OFFICE USE ONLY

CASE#: _____

DET: _____

Please answer the following questions. Do not leave any question blank. If any question does not apply, write N/A. Attach additional sheets if necessary. False statements anywhere on this form are grounds for license denial; Penal Law §400.00(1)(o).

PISTOL LICENSE APPLICANT / LICENSEE:

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

Address: _____
STREET C/T/V STATE ZIP

Spouse or domestic partner:

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

DOB: _____ Age: _____ Relation to you: _____

Telephone (Cell): _____ Email: _____

Do minors live in the residence? ☐ Yes ☐ No If yes, how many _____

Adults living in the residence (including adult children):

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

DOB: _____ Age: _____ Relation to you: _____

Telephone (Cell): _____ Email: _____

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

DOB: _____ Age: _____ Relation to you: _____

Telephone (Cell): _____ Email: _____

Have you successfully completed a 16-hour firearms safety and use course?

(Penal Law §400.00(19))

☐ Yes ☐ No (Attach course certificate or explain below)

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

(Laws of Westchester, Chapter 527, Gun Safety)

Do you have any current or former social media accounts during the past three years? Include accounts that are in your name or an assumed name.

(Penal Law §400.00(1)(o)(iv))

☐ Yes ☐ No

If yes, list the websites, the name(s) and user name(s) that you use or have used:

Applicant/ Licensee Name (Print)

Applicant/ Licensee Name (Sign)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

Subscribed and Sworn to Before Me This: _____

Day of: _____ Year: _____

NOTARY PUBLIC SIGNATURE