



WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

Background Investigation Worksheet Update

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: _____

Primary Tel: _____ Secondary Tel: _____ Email: _____

Birth Country: _____ Birth State: _____ Birth City: _____

Social Security Number _____ - _____ - _____

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 18-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)

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