

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.

INSTRUCTIONS: Print or type in black ink only

| | | | | | | | |
|-------------------|-----|--------------------------------------|---|-----------------|------|--|-----|
| NYSID NUMBER | | PPB-3 (REV. 03/11) | | COUNTY OF ISSUE | | CODE | |
| LICENSE NUMBER | | STATE OF NEW YORK | | | | | |
| DATE OF ISSUE | | PISTOL /REVOLVER LICENSE APPLICATION | | | | EXPIRATION DATE | |
| MONTH | DAY | YEAR | MONTH | DAY | YEAR | | |
| LAST NAME | | | FIRST NAME | | | MI | SEX |
| RESIDENCE ADDRESS | | | CITY/VILLAGE/TOWN AND STATE, IF OTHER THAN NEW YORK | | | DATE OF BIRTH | |
| HGT (ins) | | | SOCIAL SECURITY NUMBER | | | CITIZEN OF U.S.A. | |
| WGT (lbs) | | | PRESENT OCCUPATION | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EYES | | | BUSINESS ADDRESS | | | | |
| HAIR | | | NATURE OF BUSINESS | | | | |
| RACE | | | | | | | |

I HEREBY APPLY FOR A PISTOL/ REVOLVER LICENSE TO: (Check one only) CARRY CONCEALED * POSSESS ON PREMISES
 * POSSESS/ CARRY DURING EMPLOYMENT (* Premise address or place of employment must be provided)

STREET ADDRESS OR OTHER LOCATION _____ CITY, VILLAGE, TOWN _____ ZIP CODE _____
 A LICENSE IS REQUIRED FOR THE FOLLOWING REASON: _____

| GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER | | | |
|---|----------------|---------------------|-----------|
| LAST, FIRST, MI | STREET ADDRESS | CITY, VILLAGE, TOWN | 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:

| DATE | POLICE AGENCY | CHARGE | DISPOSITION-COURT AND DATE |
|------|---------------|--------|----------------------------|
| | | | |
| | | | |

HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? YES NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? YES NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS? YES NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A 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 A SUBJECT OF A PROCEEDING IN FAMILY COURT? YES NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE: _____

PHOTOGRAPH
OF APPLICANT
TAKEN WITHIN 30 DAYS

FULL FACE ONLY

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 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 THE STATE POLICE AND IN NASSAU COUNTY AND SUFFOLK COUNTY, TO THE LICENSING OFFICER 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 OF RECORD.

 JURAT:
 SIGNED AND SWORN TO BEFORE ME
 THIS _____ DAY OF _____, 20____
 AT _____, NEW YORK

 SIGNATURE OF APPLICANT

 SIGNATURE OF OFFICE ADMINISTERING OATH

 TITLE OF OFFICER

