The Putnam County Pistol Permit Application packet consists of the following:

1. One (1) 3 page Applicant Questionnaire
2. Two (2) New York State Applications

Applicants must be at least 21 years of age and reside in Putnam County for a minimum of six (6) months. (No age restriction applies to applicants who have 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.) Excluding police and peace officers, all applicants must take a handgun safety course prior to submitting this application. (Police and peace officers must submit a copy of departmental ID card.)

These forms must be prepared by typing or clearly printing in black ink only. Read these instructions before completing in order to minimize errors. ALL QUESTIONS MUST BE ANSWERED. Falsification of this application is a felony, which could lead to your arrest. If the application is not completed according to the instructions, it WILL BE RETURNED. The Applicant Questionnaire must be notarized prior to submission, do not sign and/or notarize the New York State Applications. Do not cross out, white out, strike out or spill anything on these applications or they will be invalid. Do not write on side two (2) of the New York State Applications.

Four (4) character references are required. References must not be family members, must be Putnam County residents, must be citizens of the United States and must be at least 21 years of age. Each reference must personally know the applicant for a minimum of five (5) years. Each reference (4) must sign the questionnaire and New York State Forms in the appropriate area. This must be done within 30 days of submission of your application. Four (4) stamped envelopes addressed to your references must be submitted with this application. (Please do not put a return address on the envelopes.)

ARREST INFORMATION

You must indicate all arrests (including DWI and DWAI) whether convicted or not, sealed or adjourned contemplating dismissal. New York State law provides the authority for the Licensing Officer to inquire into the facts underlying the arrest of an applicant, even if the arrest was terminated in his/her favor. You must provide a court disposition for each arrest listed and submit the disposition(s) with this application. Failure to list an arrest will result in the disapproval of your application.

PROPER CAUSE FOR ISSUANCE
(LICENSE TYPES)

Hunting and Target – Firearm may only be transported directly to and from your residence and an authorized range or while actually afield hunting in a legal area in New York State. (For hunting, you must also possess a valid New York State hunting license.)

Business Purposes – Firearm may only be carried while actually engaged in conducting business for which the license was issued or traveling directly thereto or therefrom. (Requirements for a business carry license follows.)

Unrestricted Carry – You must be a police officer or peace officer (active or retired) or you must show “additional proper cause” to qualify for this endorsement. “Additional proper cause” is determined by a review of all relevant information of your claimed need.
FULL CARRY FOR BUSINESS PURPOSES  
(Requirements)

1) A letter on business stationery stating the name of the business; location of the business; type of business; years the business has been in existence; and the specific reason(s) a business carry license is needed.
2) A letter from your employer (if applicable) stating your need to carry a weapon for the business.
3) A copy of the business, corporation or LLC certificate.
4) A copy of a recent bank statement (if you make bank deposits for the business).

If you are applying for a license to carry for business purposes, the aforementioned paperwork must be submitted with your application.

IDENTIFICATION / PROOF OF RESIDENCE

You must submit a copy of your driver's license with your application. If your driver's license does not show your current address, you must include a copy of a utility or tax bill (only).

CITIZENSHIP

If you were born in a foreign country and have become a United States citizen, you must provide a copy of your Certificate of Naturalization or passport with your application. If you are a resident alien, you must provide a copy of your Alien Registration Card with your application.

PHOTOGRAPHS

At least three (3) photographs must be submitted (photographs must be passport size (2x2) and actual photos not photocopies). They can be black and white or color. Photographs can be taken by the Putnam County Clerk at a cost of $20 (cash or checks made payable to Putnam County Clerk).

NOTARY

The third page of the three (3) page questionnaire must be notarized. For your convenience, the Putnam County Clerk’s office does have a notary on staff at no additional cost.

When your application is complete and you have all the necessary paperwork, you MUST BRING THE APPLICATION TO THE PUTNAM COUNTY CLERK AT 40 GLENEIDA AVENUE ROOM 102, CARMEL, NY 10512.

The Putnam County Sheriff’s Department will contact you to schedule an appointment for fingerprinting at a later date (allow 10-12 months). The fee for fingerprinting is $89.75 (postal money order only) made payable to PUTNAM COUNTY COMMISSIONER OF FINANCE. (No other type of payment will be accepted.) Postal money order must be submitted with your application.
QUESTIONS

If you have questions or need assistance completing your application, call (845) 225-4300, ext. 42221.

HANDGUN SAFETY COURSE

The Putnam County Sheriff's Department conducts a handgun safety course once a month. The class is given on a weekday evening from 7:00 p.m. – 10:00 p.m. There is a $45 fee for the course (postal money order only) made payable to PUTNAM COUNTY COMMISSIONER OF FINANCE. Payment must be received by the Putnam County Sheriff's Department at least five (5) business days prior to attending the course, or attendance will not be permitted. REGISTRATION IS REQUIRED AND SPACE IS LIMITED. Please visit our website at www.putnamsheriff.com for details.

BUSINESSES THAT OFFER A HANDGUN SAFETY COURSE

Please consult the telephone directory or internet to obtain information about local firearms dealers and/or certified NRA instructors who offer a handgun safety class (with or without live fire training).

CHECK LIST

1) Application questionnaire – complete, signed by references and notarized.
2) Postal money order for $89.75 payable to Putnam County Commissioner of Finance.
3) Three (3) Passport photos
4) Four (4) stamped envelopes addressed to your character references (no return addresses).
5) Copy of proof of a handgun safety course (or ID card if you are a police or peace officer).
6) Copy of your driver's license. (Copy of a utility bill or tax bill, if necessary.)
7) Court disposition(s) (if applicable).
8) Business carry paperwork (if applicable).
9) Copy of Certificate of Naturalization or passport (if applicable).
10) Copy of Alien Registration Card (if applicable).
11) Copy of handgun receipt(s) (if applicable), C-Forms, or other official documents (listing your weapons) from your department.
12) Two (2) State of New York Pistol/Revolver License Applications:
   • Both applications must have character references original signatures.
   • Applicant – DO NOT SIGN or NOTARIZE these applications.
   • Do not cross out, white out or spill anything on these applications.
   • Do not write in the sections above your name.

***********************************************************************

DO NOT BRING YOUR APPLICATION TO THE CLERK’S OFFICE UNTIL IT IS COMPLETE.
PUTNAM COUNTY SHERIFF’S DEPARTMENT
PISTOL LICENSE APPLICANT QUESTIONNAIRE

Last Name: ___________________________ First: ___________________________ (Full) Middle: __________
Maiden Name: ___________________________ Aliases: ________________________________________________________
(i.e., previous married name or a/k/a)

Have you resided in Putnam County for at least 6 months? YES_____ NO _______

Residence Address: ___________________________________________________________________________________

Mailing Address (if different):  __________________________________________________________________________

Previous Address:  ____________________________________________________________________________________
(if less than 10 years at your present address)

Home Phone Number: ( ) _______ - __________

Cell Phone Number: ( ) _______ - __________

Date of Birth: _______ /______ /_________  Age: _______ Male: _____  Female: _____
(mo)       (day)        (year)  (check one)

Height: ___________ Weight: ___________ Eye Color: _______ Hair Color: ___________
(feet/inches)                              (pounds) (do not abbreviate)

Race: ___________________ Social Security Number: ________ - ______  -  __________
(i.e., White, Black, Hispanic, Asian)

Are You a United States Citizen? _________ State of Birth: __________________________
(Yes or No)  Country of Birth: (if other than US) __________________________

Alien Registration Number (if applicable):  __________________________________________________________________

Current Employer:  ___________________________________________________________________________________
(Do not leave blank. State if you are retired, unemployed, homemaker, student, disabled, etc.)

Employer Address:  ___________________________________________________________________________________

Occupation: ___________________ Nature of Employment: ___________________
(i.e., Teacher)                     (i.e., Education)

Business Phone Number: ( ) _______ - __________

Type of License You are Applying for: ____________________________________________
(See page 1 of instructions for license types)
Give four (4) character references who, by their signature, attest to your good moral character. Each character reference must be 21 years of age or older. Each reference must personally sign the form. (Print clearly.)

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<th>Last, First, MI</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Signature</th>
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Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)? NO _______ YES _______ (if yes, furnish the following information. Information MUST be complete. Dispositions MUST be provided.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Police Agency</th>
<th>Charge</th>
<th>Disposition</th>
<th>Court and Date</th>
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(Attach additional sheet, if needed. Date of arrest(s) and disposition date(s) must be month/day/year.)

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: ____________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

(Attach additional sheet, if needed.)
List all handguns in your possession (if applicable). DO NOT leave any sections blank. You must provide the appropriate paperwork for each handgun listed (i.e., copy of bill of sale, C-form(s), firearms voucher, expired permit, etc.) You are not required to purchase a handgun prior to issuance of a pistol permit.

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<thead>
<tr>
<th>MANUFACTURER</th>
<th>PISTOL/REV</th>
<th>CAL</th>
<th>SERIAL #</th>
<th>MODEL</th>
<th>PROPERTY OF</th>
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(Attach additional sheet, if needed.)

If you own handgun(s), it is recommended that you purchase a lock box (for travel) and a safe (for storage). The safe must be secured to the floor or a wall and must have a combination lock or padlock.

STATE OF NEW YORK
COUNTY OF PUTNAM I ________________________________ being duly sworn, depose and say that I am the above named person and I have signed the foregoing statement. I have personally read and answered all questions therein and I do solemnly swear that every answer is full, true, and correct in every respect.

Sworn to me this _______ Day of ______________, _______

(SIGNATURE OF APPLICANT) (SIGNATURE OF NOTARY/WITNESS)
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

![Image of the document](image)

**STATE OF NEW YORK**

**Pistol/Revolver License Application**

**PUTNAM**

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<th>EXPIRATION DATE</th>
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<td>MONTH</td>
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**LAST NAME**  
**FIRST NAME**  
**MIDDLE INITIAL**

**ZIP CODE**

**HUSBAND, WIFE, MAID, MAJ. RACE**

**SOCIAL SECURITY NUMBER**

**PRESENT OCCUPATION**

**CITY, VILLAGE, TOWN AND STATE IF OTHER THAN NEW YORK**

**DATE OF BIRTH**

**Citizen of U.S.A.**

*YES* ☐  *NO* ☐

**STREET ADDRESS OR OTHER LOCATION**

**CITY, VILLAGE, TOWN**

**ZIP CODE**

**EMPLOYED BY**  
**NATURE OF BUSINESS**  
**BUSINESS ADDRESS**

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*  

**GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER**

<table>
<thead>
<tr>
<th>LAST, FIRST, MI</th>
<th>STREET ADDRESS</th>
<th>CITY, VILLAGE, TOWN</th>
<th>SIGNATURE</th>
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**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**

---

**Signature of Applicant**

---

**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:**

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 PERMANENTLY CHANGE MY ADDRESS, NOTICE OF SUCH CHANGE AND MY NEW ADDRESS MUST BE FORWARD 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 Officer Administering Oath**

**Title of Officer**

**Application Not Valid Unless Sworn**
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**PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY**

LEFT FOUR FINGERS

RIGHT FOUR FINGERS

THUMBS TAKEN TOGETHER

**Prints have been forwarded electronically**

**IMPRESSIONS**
TAKEN BY: NAME

RANK

SHIELD

DATE

**APPLICANT'S SIGNATURE AND ADDRESS:**

INVESTIGATION REPORT - ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

PETER CONVERY

UNDERSHERIFF

PUTNAM CO SHERIFF

**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 OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:

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<th>MANUFACTURER</th>
<th>PISTOL OR REVOLVER</th>
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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

PPB 7A (PPBS)
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 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.

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<th>NYSD NUMBER</th>
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**STATE OF NEW YORK**

**PISTOL/REVOLVER LICENSE APPLICATION**

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<th>RACE</th>
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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)

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A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

**GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER**

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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:

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<th>CHARGE</th>
<th>DISPOSITION - COURT AND DATE</th>
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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**

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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:

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 FORWARD TO THE SUPERINTENDENT OF THE STATE POLICE IN NEW YORK CITY TO THE SUPERINTENDENT OF THE STATE POLICE IN THE COUNTY OF RESIDENCE
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 OFFICER ADMINISTERING OATH**

**TITLE OF OFFICER**

**APPLICATION NOT VALID UNLESS SWORN**
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<td>8. LEFT MIDDLE FINGER</td>
<td>9. LEFT RING FINGER</td>
<td>10. LEFT LITTLE FINGER</td>
</tr>
</tbody>
</table>

**PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY**

**LEFT FOUR FINGERS**

**RIGHT FOUR FINGERS**

**THUMBS TAKEN TOGETHER**

**Prints have been forwarded electronically**

**IMPRESSIONS TAKEN BY:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>RANK</th>
<th>SHIELD</th>
<th>DATE</th>
</tr>
</thead>
</table>

**APPLICANT'S SIGNATURE AND ADDRESS:**

**INVESTIGATION REPORT - ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:**

**PETER CONVERY**

UNDERSHERIFF

PUTNAM CO SHERIFF

**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 OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:**

<table>
<thead>
<tr>
<th>MANUFACTURER</th>
<th>PISTOL OR REVOLVER</th>
<th>CALIBER</th>
<th>SERIAL NUMBER</th>
<th>MODEL</th>
<th>PROPERTY OF</th>
</tr>
</thead>
</table>

**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**

PPB 14 (PP03)