

PPB 3 (Rev. 02/17)

DO NOT USE

STATE OF NEW YORK

PISTOL /REVOLVER LICENSE APPLICATION

OCSHOOTERS.COM

NYSID Number, License Number, Date of Issue (Month, Day, Year)

County of Issue, Expiration Date (Month, Day, Year), Code

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, 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 (YES/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

Employed By, Present Occupation, Nature of Business

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

Employer Name (If Carry During Employment), Address or Other Location (Street number, street name, apartment number, city, state, zip code)

A license is required for the following reasons:

Give four character references who by their signature attest to your good moral character.

Table with columns: Last, First, MI; Street Address, (Street number, street name, apartment number, city, state, zip code); Signature

Have you been convicted anywhere of a felony or a serious offense? YES NO If Yes, furnish the following information:

Table with columns: Arrest Date, Police Agency, Charge, Disposition Date, Disposition Court, Disposition

Are you a fugitive from justice? Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? Are you an alien illegally or unlawfully in the United States? Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? Have you been discharged from the Armed Forces under dishonorable conditions? Have you ever renounced your United States citizenship? Have you ever suffered any mental illness? Have you ever been involuntarily committed to a mental health facility? Have you ever had a pistol / revolver license revoked? 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? 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? Are you aware of any good cause for the denial of the license? 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?

If the answer to any of the questions above is YES, explain here:

For applicants under twenty-one years of age only:

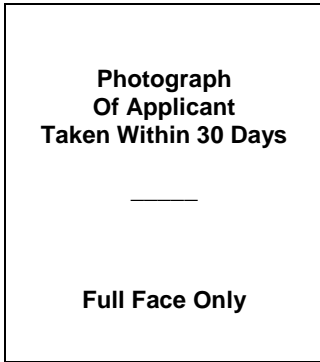
Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?

YES  NO

**A. 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"/>			

**B.**



**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

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.