



POLICE DEPARTMENT COUNTY OF SUFFOLK
ACCREDITED LAW ENFORCEMENT AGENCY
PISTOL LICENSE APPLICANT QUESTIONNAIRE



PDCS 4406m

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1. Last Name:	7. Date of Birth Male <input type="checkbox"/> Female <input type="checkbox"/>
2. First Name:	8. City of Birth
3. Middle Name:	9. State of Birth
4. Suffix:	10. Citizenship (<i>Country</i>):
5. Social Security #:	11. Marital Status:
6. Alien Registration # (<i>If Applicable</i>):	12. Type of License You Are Applying For: (<i>See Instructions Page 1</i>)

PHYSICAL DESCRIPTIVE DATA:

13. HEIGHT (<i>FEET/INCHES</i>) <input style="width:80px;" type="text"/>	14. WEIGHT (<i>POUNDS</i>) <input style="width:80px;" type="text"/>	15. RACE <input style="width:80px;" type="text"/>
16. HAIR COLOR <input style="width:80px;" type="text"/>	17. EYE COLOR <input style="width:80px;" type="text"/>	

18. 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 & DATE

19. List all handguns in your possession (*if none, so indicate*)

MANUFACTURER	PISTOL OR REV	CALIBER	SERIAL #	MODEL	PROPERTY OF

20. Current Employer			
21. Employer Address			
22. Occupation			
23. Nature of Employment		24. Business Phone	

25. List all prior places of employment (include business name, address, nature of business and phone #)

26. PRESENT ADDRESS: include House #, City, Village, Town, State (if other than New York), Zip Code, and Telephone # (*include mailing address if different*)

Address _____ City _____ State: New York Zip Code _____

Home Telephone # _____ Alternate/ Cell Telephone# _____

Mailing Address _____

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27. List all prior places of residence (include street address, city, state, and zip code)

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28. Spouse/ Domestic Partner Name:	D.O.B.:	Telephone #: Cell Phone #:
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29. If Female, Your Maiden Name and all Previous Married Names:	30. If Married, Your Spouse's Maiden Name:
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31. Mother's Maiden Name (Last, First):	32.Father's Name (Last, First):	33.Nicknames or Aliases (Applicant):
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34. Next of Kin (include person's Name, Address, Phone# and relation to applicant):

35. Name and address of person who will safeguard pistol (s) and notify the Pistol Licensing Bureau in case of Applicant's death or disability. (should be a Suffolk County resident, but does not need to possess a pistol license)

Name: _____ Telephone: _____

Address: _____

36. Give four (4) character references who, by their signature, attest to your good moral character – **list references alphabetically and print clearly. Each reference must personally sign form.** (see qualifications in instructions)

LAST, FIRST, MI	D.O.B.	STREET ADDRESS	CITY, TOWN	TELEPHONE	SIGNATURE

37. A license is required for the following reason: (see instructions, page 1)

38. Have you **ever** been terminated/discharged from any employment or the armed forces *for cause*? YES NO
39. Have you **ever** undergone treatment for alcoholism or drug use? YES NO
40. Have you **ever** suffered any mental illness, or been confined to **any** hospital, public or private institution, for mental illness? YES NO
41. Have you **ever** had a pistol license, dealer's license, gunsmith license, or *any* application for such a license disapproved, or had such license revoked or cancelled? YES NO
42. Do you have **any** physical condition which could interfere with the safe and proper use of a handgun? YES NO
43. Have you **ever** been charged, petitioned against, a respondent or otherwise been a subject of a proceeding in Family Court? YES NO
44. Has **anyone** in your household been arrested for a felony or serious offense? YES NO
45. Have you or any member of your household **ever** been evaluated or treated as a result of any mental health issues including, but not limited to depression? YES NO
 Have you or any member of your household **ever** been admitted to any mental institution or hospital, public or private? YES NO
46. Do you now or have you **ever** tried, used, possessed or sold marijuana or its derivatives, narcotics, controlled substances, tranquilizers, or anti-depressant medication? YES NO
 If any of these substances were prescribed by a doctor, provide doctor's name, address, and phone number.
47. Have you **ever** been denied appointment to a civil service position; federal, state, or local? YES NO
48. Have you **ever** served in the military? YES NO If yes, have you **ever** been the subject of military discipline? YES NO
49. Have you **ever** had **any** license, including, but not limited to, a driver's license, pistol license, or liquor license issued by **any** agency **denied, revoked, cancelled or suspended**? YES NO
50. Have you **received** a traffic summons, or been arrested or convicted for any traffic infraction in the last **five (5) years**? YES NO
 If yes, list the date(s), charge(s), police agency, court, and disposition.
51. If you have answered **'yes'** to any of the above (questions 38 through 50) and **require additional space**, submit a separate **detailed, notarized explanation** on 8½" x 11" sized paper.

STATE OF NEW YORK
COUNTY OF SUFFOLK

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 before me this _____ Day of _____, _____



NOTARY STAMP

SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY/WITNESS

STATE OF NEW YORK
COUNTY OF SUFFOLK

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 before me this _____ Day of _____, _____



SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY/WITNESS

NOTARY STAMP