

Photo taken within
30 days prior to date
of application.

FRONT VIEW
1½ x 1½
Square

HANDGUN LICENSE APPLICATION

POLICE DEPARTMENT • CITY OF NEW YORK

PD 643-041 (Rev. 04-06)



LICENSE DIVISION
1 POLICE PLAZA
NEW YORK, N.Y. 10038



OFFICIAL USE ONLY	
NYSID NUMBER	
DATE	
APPLICATION NUMBER	
OLD LICENSE NUMBER	
<input type="checkbox"/> Complaint No.	
<input type="checkbox"/> Lost	
<input type="checkbox"/> Mutilated	
Corp Code	Cust Code

All applications must be typewritten and notarized. DO NOT MAKE ENTRIES IN SHADED AREAS. Necessary fee must accompany application. Make Bank Teller's Check, Certified Check or Money Order payable to the Police Department, City of New York. Not refundable if application is disapproved. (Administrative Code Sec. 10-131)

SECTION A TO BE ANSWERED BY ALL APPLICANTS

- CARRY BUSINESS CARRY GUARD/SECURITY RETIRED POLICE OFFICER
 LIMITED CARRY GUN CUSTODIAN PREMISES (Indicate Residence Business)
 SPECIAL (out of city validation.) CARRY

LICENSE NUMBER (Renewal Applicant)		YEAR	Do you possess any other NYC Handgun Lic.? If YES		<input type="checkbox"/> Complaint No.	
			TYPE LIC. NO.		<input type="checkbox"/> Lost	
1. Last Name		First Name	M.I.	Maiden Name/Alias		<input type="checkbox"/> Mutilated
2. Legal Address (Street No.)		Apt. #	City or Town		State	Zip Code
3 <input type="checkbox"/> Citizen	Alien Registration Number	Social Security Number		Home Phone	Res. Pct.	OCC Code
<input type="checkbox"/> Alien						Total Guns Code
4. Place of Birth - City, State, Country			Age	Date of Birth	Hgt. (inches)	Wgt.
					Sex	Color of Hair
						Color of Eyes

EMPLOYMENT INFORMATION

5. Name of Business		Type of Business		Bus. Pct.
6. Business Address (Street No.)		City or Town		State
				Zip Code
7. Bus. Telephone No./Day	Occupation (Owner - Employee - Gun Custodian)		How many other persons in this business have N.Y.C. Handgun Licenses?	
8. If applicable, list name, job title and license number of company gun custodian				

VALIDATION OF OUT OF CITY LICENSE (Special Handgun License ONLY)

9. Basic License Number	Issued By	County	Date Issued	Expiration Date
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LIST HANDGUNS FOR THIS APPLICATION ONLY

10. (ORIGINAL APPLICANT LEAVE BLANK)				TYPE	OWNER	MAKE CODE
MAKE	MODEL	GUN SERIAL NUMBER	CALIBER	R Revolver A Automatic	E Employer S Self	
001						
002						

NOTICE

Pursuant to Penal Law Section 400.00(5), the name and address of any person to whom an application for any license has been granted, shall be a public record.

OFFICIAL USE ONLY Right Thumb

SIGNATURE OF PERSON PRINTED

SECTION B

Applicants must answer Questions 10 through 24. Additionally Questions 29 through 31 must be answered chronologically and in detail. If you have answered YES to question(s) 10 through 28 you MUST attach a notarized sheet of paper (8½ x 11) explaining such answer(s) in complete detail. A FALSE STATEMENT SHALL BE GROUNDS FOR DENIAL OF A N.Y.C. HANDGUN LICENSE.

HAVE YOU EVER . . .

- | | YES | NO |
|---|--------------------------|--------------------------|
| 10. Had or ever applied for a Handgun License issued by any Licensing Authority in N.Y.S.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Been discharged from any employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Used narcotics or tranquilizers? List doctor's name, address, telephone number, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Been subpoenaed to, or testified at, a hearing or inquiry conducted by any executive, legislative or judicial body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Been denied appointment in a civil service system, Federal, State, Local? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Served in the armed forces of this or any other country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Received a discharge other than honorable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Been rejected for military service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you presently engaged in any other employment, business or profession where a need for a firearm exists? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Had or applied for any type of license or permit issued to you by any City, State or Federal agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has any corporation or partnership of which you are an officer, director, or partner, ever applied for or been issued a license or permit issued by the Police Department? Give type, year, license number, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20a. Has any officer, director or partner ever applied for or been issued a license or permit issued by the Police Department? Give type, year, license number, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Been admitted to a mental institution, sanitarium or received psychiatric treatment? List Doctor's/Institutions, Name, Address, Phone #, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever suffered from any disability or condition that may affect your ability to safely possess or use a handgun? List Doctor's Name, Address, Phone #, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: The following conditions must be listed, Epilepsy, Diabetes, Fainting Spells, Blackouts, Temporary Loss of Memory or any Nervous Disorder.

Before answering questions number 23 thru 26, read paragraph 7 of the instructions completely.

- | | | |
|---|--------------------------|--------------------------|
| 23. Been arrested, indicted, or summonsed, for ANY offense other than Parking Violations, in ANY jurisdiction, federal, state, local or Foreign? List the following: date, time, charge(s), disposition, court and police agency. (False statements are grounds for disapproval). | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever, or do you now have an Order of Protection issued against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever, or do you now have an Order of Protection issued by you against a member of your household, or any family member? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever, or do you now have an Order of Protection issued by you against a person other than a member of your household or family? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to questions 24 - 26, you must indicate the following information:

- a. Court of Issuance
- b. Date of Issuance
- c. Complainant's Name, Address and Telephone Number
- d. Complainant's relationship to you
- e. Reason for issuance of Order of Protection

- | | | |
|--|--------------------------|--------------------------|
| 27. Have the police ever responded to an incident of domestic violence in which you were involved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Used any variation in spelling of your name or any other name used? (Alias), explain. | <input type="checkbox"/> | <input type="checkbox"/> |

	FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	LIST ALL PLACES OF RESIDENCE FOR PAST FIVE (5) YEARS RESIDENCE (Include State, County, Zip Code and Apt. No.)	PRECINCT
29.		PRESENT		

	FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	LIST ALL PLACES OF EMPLOYMENT FOR PAST FIVE (5) YEARS BUSINESS NAME AND ADDRESS (Include State, County, Zip Code and Apt. No.)	OCCUPATION	PRECINCT
		PRESENT			

30. How and where will handgun(s) be safeguarded when not in use? (Location outside of N.Y. State is unacceptable).
31. Give name, address, relation and telephone number of person who will safeguard handgun(s) in case of applicant's death or disability. Must be a N.Y. State resident.

PENALTY FOR FALSIFICATION: Any false statement made herein is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

STATE OF NEW YORK	Under penalty of perjury being duly sworn deposes and
COUNTY OF _____ ss.:	says that all of the answers to the foregoing are true.
SWORN TO	
BEFORE ME _____	
DATE	SIGNATURE of APPLICANT

INVESTIGATING OFFICER'S SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
SUPERVISOR'S SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
C.O. INVEST. SECTION SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
C.O. LICENSE DIVISION SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON

ADDITIONAL DOCUMENTATION TO BE PRESENTED AT PERSONAL INTERVIEW

At the time of your interview, you must also furnish the following documents, as they apply to you:

1. The two (2) most recent copies of the business's sales tax report (ST 100) submitted to the State of New York and Federal Tax Return submitted for the previous year. If the business is solely a wholesale operation, a copy of the Federal tax return submitted for the previous tax year must be submitted. All tax forms must bear notarized signatures.
2. When requested by your investigator, your personal income tax return for the previous tax year.
3. Daily bank deposit slips and corresponding bank statements for the six months preceding the date of your interview. (Photocopies will not be accepted.)
4. A statement from your bank setting forth the total amount of your payroll and the total amount of payroll checks cashed during the three months immediately preceding the date of your interview.
5. If you were the victim of a crime which occurred during the course of your business or professional activities during the previous two years, you must provide the complaint report number, date and the precinct of occurrence.

At the time of your interview, your investigating officer will advise you if any additional forms or documents are required.

NOTICE TO ALL APPLICANTS:

In the following instances, while the applicant is pending, the applicant shall make an immediate report to the License Division, Applicant Section at (646) 610-5551:

1. Arrest indictment, or conviction in any jurisdiction; summons other than traffic infraction; suspension or ineligibility order issued pursuant to section 530.14 of the New York State Criminal Procedure Law or Section 842-a of the New York State Family Court Act.
2. Change of business or residence address.
3. Change of business, occupation or employment.
4. Any change in the circumstances cited by the applicant in their application.
5. Receipt of psychiatric treatment or treatment for alcoholism or drug abuse, or the presence or occurrence of any disability or condition that may affect the ability to safely possess or use a handgun.
6. Applicant is or becomes the subject or recipient of an Order of Protection or a Temporary Order of Protection.

The applicant may be required to report to the License Division with required documentation to have the change reviewed by License Division personnel.