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

LICENSE NUMBER

DATE OF ISSUE — MONTH | DAY | YEAR

PPB-3 (REV 03/11)

STATE OF NEW YORK

PISTOL /REVOLVER LICENSE APPLICATION

COUNTY OF ISSUE — CODE

EXPIRATION DATE — MONTH | DAY | YEAR

LAST NAME	FIRST NAME	MI	DATE OF BIRTH: MONTH / DAY / YEAR	SEX

RESIDENCE ADDRESS	CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK	ZIP CODE

HGT (ins)	WGT (lbs)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER	PRESENT OCCUPATION	CITIZEN OF U.S.A.
							☐ YES ☐ NO

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)**

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:

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 OFFICE ADMINISTERING OATH

_____

TITLE OF OFFICER

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

APPPLICATION NOT VALID UNLESS SWORN

PPB3/PPB3A

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
6. LEFT THUMB	**7. LEFT FOREFINGER**	**8. LEFT MIDDLE FINGER**	**9. LEFT RING FINGER**	**10. LEFT LITTLE FINGER**

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS		RIGHT FOUR FINGERS
	THUMBS TAKEN TOGETHER	

IMPRESSIONS TAKEN BY: NAME _____ RANK _____ SHIELD _____ DATE _____

APPLICANT'S SIGNATURE AND ADDRESS:

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

IF LICENSING OFFICER AUTHORIZES THE POSSESSION OF A PISTOL OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	PROPERTY OF:

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 3A (PPB3)