



POLICE DEPARTMENT COUNTY OF SUFFOLK
ACCREDITED LAW ENFORCEMENT AGENCY
PISTOL LICENSE APPLICANT QUESTIONNAIRE
 PDCS 4406k



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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 (Country):
5. Social Security #:	11. Marital Status:
6. Alien Registration # (if applicable):	12. Type of License You Are Applying For: (see Instructions Page 1)

PHYSICAL DESCRIPTIVE DATA:

13. HEIGHT (FEET/INCHES)	<input style="width:100%;" type="text"/>	14. WEIGHT (POUNDS)	<input style="width:100%;" type="text"/>		15. RACE	<input style="width:100%;" type="text"/>
16. HAIR COLOR	<input style="width:100%;" type="text"/>	17. EYE COLOR	<input style="width:100%;" 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:	30. If Male, Your Wife's Maiden Name:
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31. Mother's Maiden Name:	32. Father's Name:	33. Nicknames or Aliases (Applicant):
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34. Next of Kin (include person's Name, Address, and Phone #):

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 <i>for cause</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
39. Have you ever undergone treatment for alcoholism or drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
40. Have you ever suffered any mental illness, or been confined to any hospital, public or private institution, for mental illness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
42. Do you have any physical condition which could interfere with the safe and proper use of a handgun?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
43. Have you ever been charged, petitioned against, a respondent or otherwise been a subject of a proceeding in Family Court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
44. Has anyone in your household been convicted of a felony or serious offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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? Have you or any member of your household ever been admitted to any mental institution or hospital, public or private?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
46. Have you ever used or still use marijuana or its derivatives, narcotics, tranquilizers, or anti-depressant medication? If any of these substances were prescribed by a doctor, provide doctor's name, address, and phone number.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
47. Have you ever been denied appointment to a civil service position; federal, state, or local?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
48. Have you been the subject of military disciplinary action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
49. Have you ever had any license (i.e. driver's or liquor) issued by any agency denied, revoked, cancelled or suspended ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
50. Have you received a traffic summons, or been arrested or convicted for any traffic infraction in the last five (5) years ? If yes, list the date(s), charge(s), police agency, court, and disposition.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 8 1/2" 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 _____



SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY/WITNESS

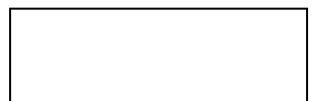
NOTARY STAMP

**POLICE DEPARTMENT COUNTY OF SUFFOLK
CONTINUATION PAGE - IF ADDITIONAL SPACE IS REQUIRED**

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STATE OF NEW YORK
COUNTY OF SUFFOLK I _____ being duly sworn, depose and say that I am the above
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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