												INS	TRUC	TION	S: Pr	int or t	ype in b	lack ink o	nly	
NYSID Number				P	PB 3 (R	ev. 06/17	)					C	County	of Issu	ie					
License Number							TATE (	OE N	EW VC	NDK		·								Code
Date of Issue Mor	nth Day	Year			PIST	_	VOLVE	_			CATION	N E	Expiration	on Dat	е		M	lonth	Day 	Year
In accordance with the Pistol Permit Bureau recorded. The State	as part of the	he standa	ard for r	ecordin	ng Fire	arms. F	ailure to	o disci	lose you	ır Soci	ial Secu	rity No	umber	will p	rohib	it your				ng
Last Name					1														Suffi	×
First Name		<del>' ' '</del>				<u>.                                    </u>		1	M	I Date	of Birth –	MM DD	YYYY		١	NY Drive	r's Licens	e (or NY No	n-Driv	er ID) No.
Gender Social Securit	<u> </u>	<u>                                     </u>	Ra	ce	Height ft	in	Weight		Eyes		Hair		itizen of		NO.			<u> </u>		
Physical Address (Street I	number, street r	name, apartr	ment num	ber. city.	state. zir							_   L	YES		NO					
Mailing Address (If differe																				
Primary Phone Number	The first projection	. aaa. 555)		Second	lary Phor	ne Numbe	ar .				Email A	ddress								
											Lindii									
Employed By				Pr	resent O	ccupation	l					N	ature of	Busines	SS					
Business Address (Street r	number, street r	name, apartn	nent numl	ber, city, s	state, zip	code)						·								
I hereby apply for a	a Pistol / Re	evolver L	icense	to: (C	heck o	only on	i <b>e)</b> 🗌 C	arry C	onceale	ed 🔲 ;	* Posse	ss on	Premi	ses [	] * P	osses	s / Carr	y During	Emp	loyment
(*) Premise Address Employer Name (If Carry D			I Addres	s must b			ow: er Location	(Street	t number. s	street na	ime, aparti	ment nu	mber. ci	tv. state	e. zip c	ode)				
, .,	3 1 3	,						(	, .		.,.,.		,.	,	, ,	,				
A license is require	ed for the fo	ollowing	reason	ıs:																
Give four characte	r reference , First, MI	s who by	their s				your go umber, stre					ate, zip	code)				Sign	ature		
Have you ever bee			ned, ch	arged	or ind	icted a	nywher	e for	any off	ense,	includi	ng DV	VI (exc	cept t	raffic	infra	ctions)	? 🗌 YE	S	□ NO
If Yes, furnish the fo	llowing info	Police Age	ncy			Charge	е		Disp	oosition	Date		Dis	sposition	n Cour	t		Dispos	sition	
																	<u> </u>			_
Are you a fugitive f																	L	YES		NO
Are you an unlawfu							ance as	defir	ned in s	ection	1 21 U.S	S.C. 8	02?				L	YES	=	NO
Are you an alien ill																		YES		NO
Are you an alien ac						•					nder 18	U.S.C	. 922	(y)(2)	?		L	_ YES	=	NO
Have you been dis	charged fro	om the A	rmed F	orces	under	disho	norable	cond	litions?								L	_ YES		NO
Have you ever rend	ounced you	ır United	States	citize	nship1	?											L	YES	L	NO
Have you ever suff	ered any m	nental illn	ness?														L	YES	L	NO
Have you ever bee	n involunta	rily com	mitted	to a m	ental l	nealth	facility?	•										YES	<u>_</u>	NO
Have you ever had						dan!-			4 4 c 4 l= :	mr'	ala: :	£ c	llan Fi	20.44	a.e. 41			YES		NO
Are you under any criminal procedure											sions o	t sec	tion 5	30.14	of th	e		YES		NO
Have you had a gu of marked subnorn manage your own	ardian app nal intellige	ointed fo	r you p	oursua	nt to a	ny pro	vision	of sta	te law, l	based								YES		] NO
Are you aware of a	ny good ca																	YES		NO
Are you prohibited misdemeanor crim																m		YES		] NO

exceeding one year?

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

For applicants under twenty-or Have you been honorably disc National Guard of the State of	charged from the U		ine Corps	, Air Force	or Coast Guard, or the	YES NO
Photograph Of Applicant Taken Within 30 Days ——— Full Face Only	constitutes a conditions af  1. No licen 2. Any licen license p 3. If I perm Superint within 10 4. Any licen	providing false information a crime punishable by file frect any license which may use issued as a result of this approperly issued by the licensing lianently change my address, not tendent of the State Police and if 0 days of such change.  The providing false information is instantially change is a result of this approper is justice of a court of record.	ne, impri y be issu blication is v plication wi officer. tice of such in Nassau (	isonment led to me valid in the ill be valid of the change are County and	, or both. I am and	er specifically described in the st be forwarded to the icensing officer of that county,
L		Jurat:				
		Signed and sworn to before This day				20
Signature of Applicant		Signature of Offi	icer Administer	ring Oath		Title of Officer
Olginataro S. A. F.		Organica III a	ICEI Aummen	Iliig Oaui		Title of Omico
		A	APPLICAT	TION NOT	VALID UNLESS SW	/ORN
Fingarariate submitted ale	of anically by:					
Fingerprints submitted ele						
Fingerprints submitted ele		Rank			Organization	
-					Organization	
Name					Organization	
Name  Date Submitted  Investigation Report - All i	information prov	vided by this applicant has	been ve	rified:		
Name	information prov	vided by this applicant has	been ve	rified:		
Name  Date Submitted  Investigation Report - All i	information prov	vided by this applicant has	been ve	rified:		
Name  Date Submitted  Investigation Report - All i	information prov	vided by this applicant has	been ve	rified:		
Name  Date Submitted  Investigation Report - All i	information prov	vided by this applicant has	been ve	rified:	Organization	Dfficer
Name  Date Submitted  Investigation Report - All i  Name  This application is Approved	information prov	vided by this applicant has  Rank  Line Line Line Line Line Line Line Lin	been ve	rified:	Organization Signature of Investigating C	Dfficer
Name	information provided in the pr	vided by this applicant has  Rank  trike out one)	The follo	rified:	Organization  Signature of Investigating Criction(s) is (are) applic	Officer cable to this license:
Investigation Report - All i  Name  This application is Approved  Title and Sig  If Licensing Officer author furnish the following inform	information proving the proving of the possess mation:	rided by this applicant has  Rank  trike out one)  er  sion of a pistol, revolver or	The follo	rified:	Organization  Signature of Investigating Criction(s) is (are) application  rm(s) at the time of is	Difficer  cable to this license:  ssue of original license,
Name	information provided in the pr	vided by this applicant has  Rank  trike out one)	The follo	rified:	Organization  Signature of Investigating Criction(s) is (are) applic	Officer cable to this license:
Investigation Report – All i  Name  This application is Approved  Title and Sig  If Licensing Officer author furnish the following inform	information prov  - Disapproved (Stagnature of Licensing Office dispersions)  rizes the possessimation:	rided by this applicant has  Rank  trike out one)  er  sion of a pistol, revolver or	The follo	rified:	Organization  Signature of Investigating Criction(s) is (are) application  rm(s) at the time of is	Difficer  cable to this license:  ssue of original license,
Investigation Report - All i  Name  This application is Approved  Title and Sig  If Licensing Officer author furnish the following inform	information prov  - Disapproved (Stagnature of Licensing Office dispersions)  rizes the possessimation:	rided by this applicant has  Rank  trike out one)  er  sion of a pistol, revolver or	The follo	rified:	Organization  Signature of Investigating Criction(s) is (are) application  rm(s) at the time of is	Difficer  cable to this license:  ssue of original license,
Investigation Report - All i  Name  This application is Approved  Title and Sig  If Licensing Officer author furnish the following inform	information prov  - Disapproved (Stagnature of Licensing Office dispersions)  rizes the possessimation:	rided by this applicant has  Rank  trike out one)  er  sion of a pistol, revolver or	The follo	rified:	Organization  Signature of Investigating Criction(s) is (are) application  rm(s) at the time of is	Difficer  cable to this license:  ssue of original license,

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.