



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



PDCS-4406n Rev. 2

PAGE 1 of 2

1. Last Name:	7. City and State of Birth
2. First Name:	8. Citizenship (<i>Country</i>):
3. Middle Name:	9. Driver Lic/Non Driver I.D. number:
4. Suffix:	10. Alien Registration Number (<i>If applicable</i>)
5. Date of Birth: Male <input type="checkbox"/> Female <input type="checkbox"/>	11. Marital Status:
6. Social Security Number:	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; height:25px;" type="text"/>	14. WEIGHT (<i>POUNDS</i>) <input style="width:80px; height:25px;" type="text"/>	15. RACE <input style="width:80px; height:25px;" type="text"/>
16. HAIR COLOR <input style="width:80px; height:25px;" type="text"/>	17. EYE COLOR <input style="width:80px; height:25px;" type="text"/>	18. ETHNICITY <input style="width:80px; height:25px;" type="text"/>

18. Have you *ever* been arrested, summoned, charged or indicted *anywhere* for *any* offense?

YES NO

*DO NOT RELY ON ANYONE'S REPRESENTATION
 THAT AN ARREST WAS SEALED OR REMOVED FROM YOUR RECORD*

If yes, furnish the following information:

YOU MUST DISCLOSE ALL SEALED ARRESTS!

DATE	POLICE AGENCY	CHARGE	DISPOSITION	COURT & DATE

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

MANUFACTURER	MODEL	SERIAL #	CALIBER	PISTOL OR REV	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 _____

POLICE DEPARTMENT COUNTY OF SUFFOLK
PISTOL LICENSE APPLICANT QUESTIONNAIRE PDCS-4406n Rev. 2
(CONTINUED)

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

PAGE 2 OF 2

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28. Spouse/ Domestic Partner Name:	D.O.B.:	Telephone #: Cell Phone #:
29. Your Maiden Name and all Previous Married Names (if applicable):	30. If Married, Your Spouse's Maiden Name:	
31. Your Mother's Maiden Name (Last, First):	32. Your Father's Name (Last, First):	33. Any Other Name(s) You Have Used:

34. Members of your Household (include person's Name, Phone# and relation to you):

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 (does not need to possess a pistol license)

Name: _____ Telephone: _____

Address: _____

36. Give four (4) character references who can attest to your good moral character – list references alphabetically and print clearly. (See qualifications in instructions.)

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

37. Have you ever been named in an Order of Protection (respondent, petitioner or protected party)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
38. Have you ever been terminated from any employment, or discharged from the military under other than honorable conditions?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
39. Have you ever undergone treatment for alcohol or drug use?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
40. Have you or any member of your household ever been committed to any facility for the treatment of mental illness?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
41. Have you ever held or applied for a pistol license, dealer's license, or gunsmith license?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If "yes" have you ever had such license revoked or cancelled, or an application for such license disapproved?	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, been a respondent or otherwise been involved in a proceeding in Family Court?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
44. Has anyone in your household ever been arrested for a crime?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
45. Have you, or any member of your household, ever been evaluated or treated for any mental health issues?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
46. Have you ever tried, used, possessed or sold controlled substances, marijuana or its derivatives, narcotics, tranquilizers, or anti-depressant medication? If any of these substances were prescribed to you by a doctor, provide that 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 ever served in the military? If yes, have you ever been charged under the Uniform Code of Military Justice?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
49. Have you ever had any license, including, but not limited to, a driver license, pistol license, or liquor license 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, please attach a list of the date(s), charge(s), police agency, court, and disposition.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

FALSE STATEMENTS MADE ON THE APPLICATION FORM ARE PUNISHABLE AS CLASS 'A' MISDEMEANOR S PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

SIGNATURE OF APPLICANT

DATE