



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



PDCS 4406n Rev.3

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1. Last Name:	7. City and State of Birth
2. First Name:	8. Citizenship (<i>Country</i>):
3. Middle Name:	9. Driver License/Non Driver I.D. number:
4. Suffix:	10. Alien Registration # (<i>If Applicable</i>):
5. Date of Birth Male <input type="checkbox"/> Female <input type="checkbox"/>	11. Marital Status:
6. Social Security #:	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. Have you ever been arrested, summoned, charged or indicted *anywhere* for *any* offense? YOU MUST DISCLOSE SEALED ARRESTS
 YES NO
 DO NOT RELY ON ANYONE'S REPRESENTATION
 If yes, furnish the following information: THAT AN ARREST WAS SEAL OR REMOVED FROM YOUR RECORDS

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 _____

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

**POLICE DEPARTMENT COUNTY OF SUFFOLK
PISTOL LICENSE APPLICANT QUESTIONNAIRE (CONTINUED)**

28. Spouse/ Domestic Partner Name:	D.O.B.:	Telephone #: Cell Phone #:
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29. If Female, Your Maiden Name and all Previous Married Names:	30. If Married, Your Spouse's Maiden Name:
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31. Mother's Maiden Name (<i>Last, First</i>):	32. Father's Name (<i>Last, First</i>):	33. Nicknames or Aliases (<i>Applicant</i>):
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34. Members of your Household, including adult children who reside in your household, any minors who reside in your household whether full time or part time (include person's Name, DOB, 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. (*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. Have you ever been named in an order of protection (respondent, petitioner or protected party)? YES NO

38. Have you **ever** been terminated/discharged from any employment or the armed forces *for cause*? YES NO

39. Have you **ever** undergone treatment for alcoholism or drug use? YES NO

40. Have you **ever** suffered any mental illness, or been confined to **any** hospital, public or private institution, for mental illness? YES NO

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 NO

42. Do you have **any** physical condition which could interfere with the safe and proper use of a handgun? YES NO

43. Have you **ever** been charged, petitioned against, a respondent or otherwise been a subject of a proceeding in Family Court? YES NO

44. Has **anyone** in your household been arrested for a felony or serious offense? YES NO

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? YES NO

Have you or any member of your household **ever** been admitted to any mental institution or hospital, public or private? YES NO

46. Do you now or have you **ever** tried, used, possessed or sold marijuana or its derivatives, narcotics, controlled substances, tranquilizers, or anti-depressant medication? YES NO

If any of these substances were prescribed by a doctor, provide doctor's name, address, and phone number.

47. Have you **ever** been denied appointment to a civil service position; federal, state, or local? YES NO

48. Have you **ever** served in the military? YES NO If yes, have you **ever** been the subject of military discipline? YES NO

49. Have you **ever** had **any** license, including, but not limited to, a driver's license, pistol license, or liquor license issued by **any** agency **denied, revoked, cancelled or suspended**? YES NO

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 NO

51. Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?

If you have answered 'yes' to any of the above (questions 38 through 51) and **require additional space**, submit a separate **detailed, notarized explanation** on 8½" x 11" sized paper.

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

SIGNATURE OF APPLICANT

Date

