



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 (Country):
3. Middle Name:	9. Driver License/Non Driver I.D. number:
4. Suffix:	10. Alien Registration # (If Applicable):
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: (See Instructions Page 1)

PHYSICAL DESCRIPTIVE DATA:

13. HEIGHT (FEET/INCHES)		14. WEIGHT (POUNDS)		15. RACE	
16. HAIR COLOR		17. EYE COLOR		17a. ETHNICITY	

18. Have you ever been arrested, summoned, charged or indicted anywhere for any offense? YOU MUST DISCLOSE SEALED ARRESTS
YES ☐ NO ☐
If yes, furnish the following information: DO NOT RELY ON ANYONE'S REPRESENTATION
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 #)

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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: <u>New York</u> Zip Code _____
Home Telephone # _____ Alternate/ Cell Telephone# _____ Email _____
Mailing Address _____

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

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

28. Spouse/ Domestic Partner Name:		D.O.B.:	Telephone #: Cell Phone #:
29. If Female, Your Maiden Name and all Previous Married Names:		30. If Married, Your Spouse's Maiden Name:	
31. Mother's Maiden Name (Last, First):	32. Father's Name (Last, First):	33. Nicknames or Aliases (Applicant):	
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 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	EMAIL

- | | | |
|---|------------------------------|-----------------------------|
| 37. Have you <i>ever</i> been named in an order of protection (respondent, petitioner or protected party)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 38. Have you <i>ever</i> 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 <i>ever</i> undergone treatment for alcoholism or drug use? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 40. Have you <i>ever</i> suffered any mental illness, or been confined to <i>any</i> hospital, public or private institution, for mental illness? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 41. Have you <i>ever</i> had a pistol license, dealer's license, gunsmith license, or <i>any</i> 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 <i>any</i> 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 <i>ever</i> 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 <i>anyone</i> in your household been arrested for a felony or serious offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 45. Have you or any member of your household <i>ever</i> been evaluated or treated as a result of any mental health issues including, but not limited to depression? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you or any member of your household <i>ever</i> been admitted to any mental institution or hospital, public or private? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 46. Do you now or have you <i>ever</i> tried, used, possessed or sold marijuana or its derivatives, narcotics, controlled substances, tranquilizers, or anti-depressant medication? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If any of these substances were prescribed by a doctor, provide doctor's name, address, and phone number. | | |
| 47. Have you <i>ever</i> been denied appointment to a civil service position; federal, state, or local? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 48. Have you <i>ever</i> served in the military? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, have you <i>ever</i> been the subject of military discipline? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 49. Have you <i>ever</i> had <i>any</i> license, including, but not limited to, a driver's license, pistol license, or liquor license issued by <i>any</i> agency <i>denied, revoked, cancelled or suspended</i> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 50. Have you <i>received</i> a traffic summons, or been arrested or convicted for any traffic infraction in the last <i>five (5) years</i> ?
If yes, list the date(s), charge(s), police agency, court, and disposition. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 51. Have you been convicted of Assault 3 rd , Misdemeanor DWI, or Menacing 3 rd within the previous five years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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 THE 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