

Gold Shield Training Center's NYC Firearms License Questionnaire

Please select one: () Pistol License () Rifle /Shotgun License () Both Pistol & Rifle / Shotgun License

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Street) (Apartment # / Floor #)

(City) (State) (Zip Code)

Mailing Address if different from above: _____

Home Phone#: _____ Cell#: _____

Driver's License # / Non-Driver's Identification # & State: _____

Date of Birth: _____ Email (write clear, this will be your username): _____

Place of Birth (City/State or Country): _____

Social Security #: _____ Sex: _____ Height: _____' _____ Weight: _____ lbs

Eye Color: _____ Hair Color: _____ Race: _____

Maiden Name/Alias Name: _____ Ethnicity (circle one): Hispanic or Non-Hispanic

Marital Status / Check One: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Please Check One: _____ Citizen by Birth
_____ Naturalized Citizen Naturalization # _____
_____ Resident Alien Alien Registration # _____

Please list all Previous Addresses for the past 5 years:

Address #1: _____

From Month / Year: _____ / _____ Until Mont / Year: _____ / _____ Resident Precinct: _____

Address #2: _____

From Month / Year: _____ / _____ Until Mont / Year: _____ / _____ Resident Precinct: _____

Address #3: _____

From Month / Year: _____ / _____ Until Mont / Year: _____ / _____ Resident Precinct: _____

Do Minors (17 years old and under) reside within your residence? _____ Yes _____ No

If Yes: () Part Time () Full Time

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Spouse / Domestic Partner Information:

Full Name: _____
(First) (Middle Initial) (Last)

Full Address: _____

Phone #: _____ Email: _____

Date of Birth: _____ Age: _____ Relation to You: _____

Please provide Adult's Information residing in your home INCLUDING Adult Children:

1. Full Name: _____
(First) (Middle Initial) (Last)

Maiden Name (if applicable): _____ Date of Birth: _____ Phone #: _____

2. Full Name: _____
(First) (Middle Initial) (Last)

Maiden Name (if applicable): _____ Date of Birth: _____ Phone #: _____

3. Full Name: _____
(First) (Middle Initial) (Last)

Maiden Name (if applicable): _____ Date of Birth: _____ Phone #: _____

Employer Information in the past 5 years starting with recent (If unemployed, list previous Employer):

Name of Employer / Previous Employer: _____

Hire Date: ____/____/____ Retirement / Resignation Date: ____/____/____ Business Precinct: _____

Business Address: _____

Phone #: _____ Date Hired: _____ End Date: _____

Occupation: _____ Job Title: _____ Type of Business: _____

Previous Employer: _____

Hire Date: ____/____/____ Retirement / Resignation Date: ____/____/____ Business Precinct: _____

Business Address: _____

Phone #: _____ Date Hired: _____ End Date: _____

Occupation: _____ Job Title: _____ Type of Business: _____

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Previous Employer: _____

Hire Date: _____ / _____ Retirement / Resignation Date: _____ / _____ Business Precinct: _____

Business Address: _____

Phone #: _____ Date Hired: _____ End Date: _____

Occupation: _____ Job Title: _____ Type of Business: _____

Safeguard Information: (Must be at least 21 years old and live in New York)

In case of your death or disability, you must have one responsible person to be in charge of your firearm needs. Please list the person who will be responsible for your firearm and firearm license if something were to happen to you:

Full Name: _____
(First) (Middle Initial) (Last)

Full Address: _____

Phone #: _____ Email: _____

Date of Birth: _____ Age: _____ Relation to You: _____

Please select ANY of the Training Course(s) you have successfully completed:

() NRA Basic Pistol Safety Course Date Completed: _____

Instructor/School who issued Certification: _____

() 16 Hour Firearms Safety and Use Course Date Completed: _____

Instructor/School who issued Certification: _____

() 2 Hour Live Fire Certification Course Date Completed: _____

Instructor/School who issued Certification: _____

Please read and answer ALL the following questions carefully:

1. Have you ever had a handgun license or rifle/shotgun license issued by any other licensing authority? _____ Yes _____ No
2. Do you presently own any handguns or rifles or shotguns? _____ Yes _____ No
3. Have you ever used any variation in the spelling of your name or have you ever used any other name (an alias)? _____ Yes _____ No
4. Have you ever been discharged, fired or terminated from any employment? _____ Yes _____ No

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5. Have you ever been denied appointment to a position in a civil service system, Federal, State, or Local? Yes No
6. Have you ever been rejected for military service? Yes No
7. Have you ever served in the armed forces of this or any other country? Yes No
8. If you answered yes to question #7, were you dishonorably discharged? Yes No
9. Have you ever been arrested, indicted, or received a criminal court summons or any other summons, for ANY offense other than a parking violation, in ANY jurisdiction, federal, state, local, or foreign? Yes No
10. Have you ever used narcotics, controlled substances, or tranquilizers? Yes No
11. Have you ever used illegal drugs? Yes No
12. Have you ever been addicted to any drug, narcotic, or other substance? Yes No
13. Have you ever been diagnosed with mental illness, or due to mental illness received treatment, been admitted to a hospital or institution, or taken medication? Yes No
14. Have you ever had any disability, condition, illness or impairment that may interfere with your ability to safely possess or use a firearm? Note you must list any condition such as epilepsy, diabetes, fainting spells, blackouts, temporary loss of memory or any nervous disorder. Yes No
15. Have you ever had, or do you now have, an Order of Protection issued against you? Yes No
16. Have you ever been a protected person on an Order of Protection? Yes No
17. Have you ever been involved in a domestic violence incident which was reported to police? Yes No

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If you own ANY handguns, rifle and shotguns, please list them below:

MAKE	MODEL	CALIBER / GAUGE	SERIAL #	ACTION TYPE

PLEASE READ THIS DISCLOSURE:

I understand that I am applying for a license to obtain a firearm. I understand that Gold Shield Training Center and its instructors and Other Companies* is assisting me with the application process, taking passport photographs, notarizing the signatures of those that present identification when signing, assistance with writing an additional letter to explain any questions that require explanation, and offering photo copy / scanning services. I understand that Gold Shield Training Center does not “guarantee” approval of the firearms license application as only the agency you are applying to can. If the applicant is denied by the New York City Police Department for whatever reason, Gold Shield Training Center is not liable nor responsible. Reimbursement is not issued as the service provided is complete once the application is submitted to the New York City Police Department.

I understand that the application process with Gold Shield Training Center is nonrefundable and nontransferable. Should I cancel the process of obtaining a pistol, rifle / shotgun license for any reason, I understand that the amount paid to date is not reimbursed. I understand that my deposit and all additional payments made to obtain the license is good for ONE YEAR from the date of this application. If I do not complete the process within one year then I forfeit my deposit and all additional deposits made after and my application will be considered abandoned and will be assumed cancelled. If I decide to continue the process of obtaining such license, additional fees will apply.

I understand that if additional letters are needed to be written, uploaded, scanned, and/or submitted AFTER the application process has been completed and electronically submitted to New York City Police Department, additional fees may apply. For example, if you were denied your license and you wish write a letter to ask for reconsideration OR if it is asked to provide an additional letter of explanation for an arrest or order of protection, OR if NYPD requests information additional information that wasn't submitted with the original application submitted, additional fees may apply.

I understand that the New York City Police Department can change the licensing process and licensing fees at any moment. If there is an increase in the licensing fees, the applicant will be responsible for the difference. If there is a decrease in the licensing fees, the applicant will be reimbursed the difference. By signing this questionnaire, I am stating that the information I provided is true to the best of my knowledge. Any false statement made herein is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

* RT Smoke N Gun Shop, Pioneer Shooting Center, RDT Security Ltd, Central Blvd Building Corp.

I have read and agree and understand the above.

Print Name: _____ Date: _____

Signature: _____

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For Office Use Only:		
Date: _____	Deposit: \$ _____	Balance: \$ _____
Method: Cash / Venmo / Zelle / Other: _____		
Date: _____	Deposit: \$ _____	Balance: \$ _____
Method: Cash / Venmo / Zelle / Other: _____		
Date: _____	Deposit: \$ _____	Balance: \$ _____
Method: Cash / Venmo / Zelle / Other: _____		
Date: _____	Deposit: \$ _____	Balance: \$ _____
Method: Cash / Venmo / Zelle / Other: _____		
Date: _____	Deposit: \$ _____	Balance: \$ _____
Method: Cash / Venmo / Zelle / Other: _____		

For Office Use Only:

Notes: _____
