

WESTCHESTER COUNTY  
TIMOTHY C. IDONI  
Westchester County Clerk

**Bring or mail to:**  
Westchester County Clerk  
Licensing Division – Room 340  
110 Dr. Martin Luther King Jr. Blvd.  
White Plains, New York 10601

## **PISTOL LICENSE RECERTIFICATION FORM**

**YOUR PERMIT LICENSE #**

(ENTER IN BOX BELOW)

CHECK HERE IF YOU ARE A **RETIRED OFFICER (\*)**

**INSTRUCTIONS:** Complete, sign and submit **2 originally signed forms (NO COPIES)** with a check or money order for the **required \$10.00 recertification fee\*** payable to the Westchester County Clerk. Mail forms and check to the address listed above.

1. **NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_
2. **NY DRIVER / NON-DRIVER LICENSE # (REQUIRED):** \_\_\_\_\_
3. **STREET ADDRESS:** \_\_\_\_\_
4. **CITY/TOWN/VILLAGE:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_
5. **PHONE NUMBER (HOME):** \_\_\_\_\_ **(WORK):** \_\_\_\_\_
6. **THERE IS / ARE \_\_\_\_\_ GUN(S) LISTED ON THE BACK OF THIS FORM.  
I CONFIRM THAT THE LIST IS ACCURATE AND COMPLETE.**

*(\*) Fee is waived for qualified **RETIRED police officers, uniformed court officers in the Unified Court System and correction officers.***

*I certify that the information provided on both sides of this form is correct. I also hereby affirm that, to the best of my knowledge, I am not prohibited from possessing firearms. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal penalties, my pistol / revolver license may be revoked, and any request for public records exemption shall become null and void.*

\_\_\_\_\_  
Signature of Pistol Licensee

### **FOR OFFICE USE ONLY**

RECERTIFICATION DATE:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	DATE	COUNTY JUDGE
_____				

**7. THE FOLLOWING GUN(S) ARE CURRENTLY IN MY POSSESSION:  
(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

	<b>MANUFACTURER</b>	<b>PISTOL/REV/ AUTO</b>	<b>MODEL</b>	<b>CALIBER</b>	<b>SERIAL #</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
12					
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# WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

## Background Investigation Worksheet Update

OFFICE USE ONLY

CASE#: \_\_\_\_\_

DET: \_\_\_\_\_

Please answer the following questions. **Do not leave any question blank.** If any question does not apply, write N/A. Attach additional sheets if necessary. False statements anywhere on this form are grounds for license denial; Penal Law §400.00(1)(o).

### PISTOL LICENSE APPLICANT / LICENSEE:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Primary Tel: \_\_\_\_\_ Secondary Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth City: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Spouse or domestic partner:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Do minors live in the residence?  Yes  No If yes, how many \_\_\_\_\_

### Adults living in the residence (including adult children):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

**Have you successfully completed a 18-hour firearms safety and use course?**

(Penal Law §400.00(19))

Yes  No (Attach course certificate or explain below)

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**How and where will firearm(s) be secured when not in use?**

(Laws of Westchester, Chapter 527, Gun Safety)

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\_\_\_\_\_  
Applicant/ Licensee Name (Print)

\_\_\_\_\_  
Applicant/ Licensee Name (Sign)

STATE OF NEW YORK            )  
COUNTY OF WESTCHESTER    )

Subscribed and Sworn to Before Me This: \_\_\_\_\_

Day of: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

George Latimer  
County Executive  
Department of Public Safety  
Terrance Raynor  
Commissioner/Sheriff

OFFICE USE ONLY:

Case #: \_\_\_\_\_

Detective: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize and grant full disclosure of all records concerning myself to the Westchester County Department of Public Safety, regardless of whether such records are public, private, sealed or confidential.

The intent of this authorization is to grant my consent to full and complete disclosure of any and all records concerning myself. This includes, but is not limited to, records pertaining to crimes and offenses, my education, medical, mental health and/or psychiatric history and treatment, records of the United States Armed Forces or military, records related to my past or current employment and pre-employment, including background reports, efficiency ratings, evaluations, complaints or grievances filed by or against me, and records of my activity on the Internet and on social media using my name or an assumed name.

I certify that any person or agency who may furnish any such information concerning myself shall not be held liable or accountable for providing this information and I hereby release any such person or agency from any and all liability on account of having provided such information. I further release the Westchester County Department of Public Safety and its individual employees from any and all liability on account of having collected, used or disseminated such information.

A PHOTO-COPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH SAID PHOTO-COPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this Authorization for Release of Personal Information.

\_\_\_\_\_  
Person Authorizing Release of Information (signature)

STATE OF NEW YORK            )  
COUNTY OF WESTCHESTER    )

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

Department of Public Safety  
Pistol License Unit  
110 Dr. Martin Luther King Jr. Blvd, 3<sup>rd</sup> Fl.  
White Plains, NY 10601

Telephone: (914) 995-2709  
Website: westchestergov.com



