STATE OF NEW YORK PISTOL / REVOLVER LICENSE AMENDMENT SEMI-ALITOMATIC RIFLE LICENSE AMENDMENT

New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP	TRANSACTION TY Deceased Disposed Inded Transfer Remove Remove Remove Incealed Posse	YPE(S) (Ch □ Duplic Email Add ss on Pren	Date Is Date Is Date Is Date Is Transfer Check all that Cate Ladress L	New York S Driver's License I Saued	carry During Employme
westchester Address (street, city, state, zip)	TRANSACTION TY Deceased Disposed Inded Transfer Remove Remove Remove Incealed Posse	YPE(S) (Ch ☐ Duplic Email Add ss on Pren	Date Is Date Is Date Is Date Is Transfer Check all that Cate Ladress L	Ssued Ssued Ssued Ssued Serred to Stapply): Lost / Stolen Fill Other Spossess/Call	No. (or NY Non-Driver ID No
ame hysical Address (street, city, state, zip) ailing Address (if different) tol/Semi-Automatic Rifle License Number insfer License Number insferred From Acquired Address Change Carvoked Surrendered Suspendi-Automatic Rifle License Add tol/Revolver License Add License Type Carry Company Carvoked Address (If different) New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP	TRANSACTION TY Deceased Disposed Inded Transfer Remove Remove Remove Incealed Posse	YPE(S) (Ch ☐ Duplic Email Add ss on Pren	Date Is Date Is Date Is Date Is Transfer Check all that Cate Ladress L	Ssued Ssued Ssued Ssued Serred to Stapply): Lost / Stolen Fill Other Spossess/Call	No. (or NY Non-Driver ID No
Acquired Address Change Address Are Mailing Address A	TRANSACTION TY Deceased Disposed Inded Transfer Remove Remove Remove Incealed Posse AMEND LICENSE FO	YPE(S) (Ch □ Duplic Email Add ss on Pren	Date Is Date Is Date Is Date Is Transfer Check all that cate Later Later DLLOWIN	ssued ssued ssued erred to at apply): Lost / Stolen Fi Other Possess/C	irearm □ Name Char
ailing Address (if different) tol/Semi-Automatic Rifle License Nuplicate License Number ansfer License Number ansferred From Acquired Address Change Description Acquired Surrendered Suspendir-Automatic Rifle License Address Address Type Carry Company Company Address Type Carry Company Company Address (If different) New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AF	TRANSACTION TY Deceased Disposed Inded Transfer Remove Remove Incealed Posse AMEND LICENSE FO	YPE(S) (Ch ☐ Duplico Email Addo ss on Pren	Date Is Date Is Date Is Transfect	ssued ssued erred to at apply): Lost / Stolen Fi Other Possess/Ca	irearm □ Name Char ———earry During Employme
tol/Semi-Automatic Rifle License Nublicate License Number nsfer License Number nsferred From Acquired Address Change Revoked Surrendered Suspendia Automatic Rifle License Add tol/Revolver License Add License Type Carry Colonia New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP	TRANSACTION TY Deceased Disposed Inded Transfer Remove Remove Incealed Posse AMEND LICENSE FO	YPE(S) (Ch ☐ Duplico Email Addo ss on Pren	Date Is Date Is Date Is Transfect	ssued ssued erred to at apply): Lost / Stolen Fi Other Possess/Ca	irearm □ Name Char ———earry During Employme
plicate License Number ansfer License Number ansferred From Acquired	TRANSACTION TY Deceased Disposed Inded Transfer Remove Remove Incealed Posse AMEND LICENSE FO	YPE(S) (Ch ☐ Duplico Email Addo ss on Pren	Date Is Date Is Date Is Transfect	ssued ssued erred to at apply): Lost / Stolen Fi Other Possess/Ca	irearm □ Name Char ———earry During Employme
Revoked Surrendered Suspending Automatic Rifle License Add Stol/Revolver License Add License Type Carry Consumption New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP	Deceased Disposed Deceased Disposed Disposed Disposed Disposed Deceased Disposed Deceased Decease Decease Decease Decease	□ Duplice Email Add ss on Pren	cate L	Lost / Stolen Fi	carry During Employme
Revoked Surrendered Suspendir-Automatic Rifle License Add Add Atol/Revolver License Add License Type Carry Consultation New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AF	Deceased Disposed Deceased Disposed Disposed Disposed Disposed Deceased Disposed Deceased Decease Decease Decease Decease	□ Duplice Email Add ss on Pren	cate L	Lost / Stolen Fi	carry During Employme
Revoked Surrendered Suspendiani-Automatic Rifle License Add tol/Revolver License Add License Type Carry Consultation New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP Manufacturer Pistol / Rev	nded	Email Add	dress mises DLLOWIN	Other Possess/Ca	carry During Employme
ni-Automatic Rifle License	☐ Remove ☐ Remove Discrepance ☐ Posse AMEND LICENSE FO	ss on Pren	mises [☐ Possess/C	arry During Employme
New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AF Manufacturer Pistol / Rev	☐ Remove oncealed ☐ Posse AMEND LICENSE FO	R THE FO	OLLOWIN	IG	
New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP Manufacturer Pistol / Rev	oncealed Posse AMEND LICENSE FO	R THE FO	OLLOWIN	IG	
New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AF Manufacturer Pistol / Rev	AMEND LICENSE FO	R THE FO	OLLOWIN	IG	
New Name New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP Manufacturer Pistol / Rev					
New Physical Address New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP Manufacturer Pistol / Rev					
New Mailing Address (If different) New Email Address Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP Manufacturer Pistol / Rev					
Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP Manufacturer Pistol / Rev					
Following Weapon(s) Acquired From *Numbers 5, 6, and 7 DO NOT AP Manufacturer Pistol / Rev					
Manufacturer Pistol / Rev	DIVTO SEMIALITON	AATIC DIE	EI EQ		
Single 8	volver / Model	F	Frame	Caliber(s)	Serial Number
	bnot		Only		
Following Weapon(s) Disposed to:	(Name, Address)	<u> </u>			
Manufacturer Pistol / Rev Single S	Model		Frame Only	Caliber(s)	Serial Number
Following Weapons(s) has been: [Law Enforcement Agency R] Destroye	∍d		
Manufacturer Pistol / Rev Single S					0 1 1 1 1
			Frame Only	Caliber(s)	Serial Number

Licensing Officer

Signature of Licensee

Use the boxes below if additional space is needed.

Acquired, Disposed, Lost, Stolen or Destroyed	Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number

STATE OF NEW YORK

OTATE OF NEW TORK		
PISTOL / REVOLVER LICENSE AMENDMENT		
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT		
	Date:	

Amendment form for (check one): Westchester	County License	OR	_	
X Westchester	County License	ΛP		
		OK	□ New York S	tate Police License
Name	Date of B	irth	NY Driver's License N	No. (or NY Non-Driver ID No.)
Physical Address (street, city, state, zip)				
Mailing Address (if different)				
ristol/Semi-Automatic Rifle License Num Puplicate License Number ransfer License Number Fransferred From	ber	Date	e Issued	
	TRANSACTION TYPE	PE(S) (Check all	that apply):	
Acquired 🗌 Address Change 🔲 Dec	eased Disposed	☐ Duplicate [☐ Lost / Stolen Fi	rearm 🔲 Name Change
Revoked Surrendered Suspend	ed 🗌 Transfer 🔲 E	mail Address	Other	
emi-Automatic Rifle License Add	Remove			
istol/Revolver License	Remove			
License Type Carry Cond	cealed Possess	on Premises	☐ Possess/Ca	arry During Employment
<u>A</u>	MEND LICENSE FOR	THE FOLLOW	<u>VING</u>	
New Name				
New Physical Address				
Now Email Address				
Following Weapon(s) Acquired From: *Numbers 5, 6, and 7 DO NOT APP	•	ATIC RIFLES		
Manufacturer Pistol / Revolv	rer / Model	Frame Only	Caliber(s)	Serial Number
3				
Following Weapon(s) Disposed to: (Na	ame, Address)		1	
Manufacturer Pistol / Revolu Single Sho		Frame Only	Caliber(s)	Serial Number
Following Weapons(s) has been: Law Enforcement Agency Rep		Destroyed	,	
Manufacturer Pistol / Revolu Single Sho	Model	Frame Only	Caliber(s)	Serial Number

Licensing Officer

Signature of Licensee

Use the boxes below if additional space is needed.

Acquired, Disposed, Lost, Stolen or Destroyed	Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number



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 $\S400.00(1)(o)$.

PISTOL LICENSE APPLICANT	T / LICENSEE:		
Last Name:		First Name:	M.I
Address:			
Primary Tel:	Secondary	Tel:	_Email:
Birth Country:	Birth St	tate: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	e?	No If yes, how man	ny
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 Penal Law §400.00(19))	18-nour firearms said	ety and use course?
Yes No (Attach course c	ertificate or explain be	elow)
How and where will firearm(s) be (Laws of Westchester, Chapter 52		use?
Applicant/ Licensee Name (Print)		
Applicant/ Licensee Name (Sign)		
STATE OF NEW YORK COUNTY OF WESTCHESTER)	
Subscribed and Sworn to Before M	le This:	
Day of:	Year:	NOTARY PUBLIC SIGNATURE



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

|--|

Case #:		
Detective:		

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I,, do hereby authorize
I,
safety, regardless of whether such records are public, private, scaled of 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

Telephone: (914) 995-2709

Website: westchestergov.com

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





Affidavit

Receipt of Penal Law §400.00(18) Notifications

State of New York)		
County of Westchester) ss.:)		
	,		
I.			, residing at
I,APPLI	CANT / LICENSEE		,
STREET	СІТҮ	STATE	ZIP
do hereby attest to the received New York State Penal Law Penal Law section 400.00(1) setting forth firearm and log prohibited; the grounds upon prohibited places; and the discussion was the setting the setting of th	v sections 265.01-D and 18)(b), Laws of Westerng-gun safe storage recommendation which a firearm liced document titled Pistol I	d 265.01-E, notices pursua nester County sections 52 quirements; the places wh nse can be revoked for ca License Safety and Inform	ant to New York State 7.61(2) and 529.21(a) ere carrying a firearm is rrying a firearm in nation Handbook for
Applicant / Licensee Signat	ure		
SUBSCRIBED AND SWO	ORN TO BEFORE ME	THIS	
day	of	Year _	
SIGNATURE NOTARY P	UBLIC		