

Gold Shield Training Center's Firearms License Questionnaire

OFFICE USE: Date(s) of Course: _____ Instructor(s): _____ Date Appl Completed: _____

Please select one: () Pistol / Revolver License () Semi-Automatic Rifle 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: _____ Age: _____ Email Address: _____

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 10 years:

Address #1: _____

Address #2: _____

Address #3: _____

Do Minors (17 years old and under) reside within your residence? ___ Yes ___ No If Yes () Part Time / () Full Time

Spouse / Domestic Partner Information:

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

Address: _____
(Street) (Apartment # / Floor #) (City/Town/Village) (State) (Zip Code)

Phone #: _____ Email: _____

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

Gold Shield Training Center's Firearms License Questionnaire

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 (If unemployed, list previous Employer):

Name of Employer / Previous Employer: _____

Occupation: _____ Job Title: _____ Nature of Business: _____

Business Address: _____

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

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 Select One Type of License:

- _____ Full Carry / Carry Concealed Weapons License
- _____ Full Carry / Retired / Retiring Law Enforcement
- _____ Premise Home License (Home only/Not to carry)
- _____ Premise Business License (Business Location Only/Not to carry)

Gold Shield Training Center's Firearms License Questionnaire

Please read and answer ALL the following questions carefully:

HAVE YOU EVER:

1. Applied for or held a pistol, rifle, firearm dealer or gunsmith license anywhere? Yes No
2. Had any government-issued license denied, suspended or revoked? Yes No
3. Served in military of the USA or of a foreign country, or been rejected for military service? Yes No
4. Been arrested, summonsed charged with or investigated for ANY offense, other than parking violations, anywhere **(including dismissed & sealed cases)** Yes No
5. Been involved in significant conflict with another person / with a member of your household? Yes No
6. Promoted violence anywhere, including on any website or social media platform, using your actual name or assumed name? Yes No
7. Sought from or were treated for any form of mental illness, stress-related disorder or condition involving emotion or behavior control? Yes No
8. Attempted Suicide, or seriously considered attempting suicide? Yes No
9. Sought or obtained treatment for drug or alcohol use or were addicted to drugs or alcohol? Yes No
10. Been a petitioner or respondent in a Family Court proceeding? Yes No
11. Had an Order of Protection issued for you or against you? Yes No

DO YOU PRESENTLY:

12. Use narcotics, controlled substances, marijuana or its derivatives or other substances illegally? Yes No
13. Suffer from any disability or condition that may affect your ability to safely possess, use or secure a firearm? Yes No

HAS ANYONE IN YOUR HOUSEHOLD:

14. Been arrested, summonsed, charged with or investigated for any offense having as a factor: weapons, drugs, physical injury, force, aggression or threats **(including dismissed & sealed cases)**? Yes No
15. Been involved in significant conflict with another person / with a member of your household? Yes No
16. Promoted violence anywhere, on any website / social media, using your name / assumed name? Yes No
17. Suffered from or were treated for any form of mental illness, stress-related disorder or condition involving emotion or behavior control? Yes No
18. Attempted Suicide, or seriously considered attempting suicide? Yes No
19. Sought or obtained treatment for drug or alcohol use or were addicted to drugs or alcohol? Yes No
20. Had an Order of Protection issued for them or against them? Yes No

Gold Shield Training Center's Firearms License Questionnaire

21. Are you aware of any circumstance in your life, family or household that could affect your ability to safely possess, use or secure a firearm? ___ Yes ___ No
22. Are you a fugitive from justice? ___ Yes ___ No
23. Are you an unlawful user of or addicted to any controlled substance? ___ Yes ___ No
24. Are you an alien illegally or unlawfully in the United States? ___ Yes ___ No
25. Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C.922(y)(2)? ___ Yes ___ No
26. Have you been discharged from the Armed Forces under dishonorable conditions? ___ Yes ___ No
27. Have you ever renounced your United States citizenship? ___ Yes ___ No
28. Have you ever been involuntarily committed to a mental health facility? ___ Yes ___ No
29. Have you ever had a pistol / revolver / semi-automatic rifle license revoked? ___ Yes ___ No
30. Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act? ___ Yes ___ No
31. Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs? ___ Yes ___ No
32. Have you ever been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years? ___ Yes ___ No
33. Are you prohibited from possessing firearms under the federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year? ___ Yes ___ No

Please read, understand, print and sign below:

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 by typing the information I provide in this questionnaire onto the firearms license application, taking passport photographs, notarizing the signatures of those that present identification while signing in front of the notary public, assistance with writing an additional letter to explain any questions that require explanation, and offering photo copy 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 for whatever reason, Gold Shield Training Center is not held liable. I understand that the amount paid to complete the class and/or application assistance is not refundable. By signing this questionnaire, I am stating that the information I provided is true to the best of my knowledge.

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

Print Name: _____

Signature: _____