



Westchester County Police

Pistol License Unit

Background Investigation Worksheet

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).

APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Address: _____
STREET C/T/V STATE ZIP

Birth Date: _____ Sex: _____ Social Security#: _____

Height: _____ ft. _____ in. Weight: _____ lb Eye Color: _____ Hair Color: _____

Born (City & State) _____ E-Mail: _____

Telephone (Primary): _____ Telephone (Secondary) _____

Driver License/Non-Driver ID _____ State: _____

#: Other Names You Have Used: _____

Race: Black White Asian/Pacific Islander American Indian/Alaskan Native

Ethnicity: Hispanic Non-Hispanic

Marital Status: Single Married Separated Divorced Widowed

Citizenship:

Citizen by Birth

Naturalized Citizen Naturalization Number: _____

Resident Alien Alien Registration Number: _____

List Previous Home Addresses:

STREET	C/T/V	STATE	ZIP	FROM	TO
STREET	C/T/V	STATE	ZIP	FROM	TO
STREET	C/T/V	STATE	ZIP	FROM	TO

Employment Information (if unemployed, list previous employer):

Employer Name: _____

Address: _____
STREET C/T/V STATE ZIP

Occupation: _____ Your Job Title: _____

Telephone: _____ Employed (From): _____ To: _____

Spouse or domestic partner:

Last Name: _____ First Name: _____ M.I. _____

DOB: _____ Age: _____ Relation to you: _____

Telephone (Cell): _____ Email: _____

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: _____

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)

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

(Laws of Westchester, Chapter 527, Gun Safety)

Please answer the following questions. If any answer is YES, attach a detailed, notarized letter of explanation and copies of any related documents, e.g. arrest disposition, incident reports, etc. False statements are grounds for license denial.

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 the military of the United States or 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, or 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 an assumed name?..... Yes No
7. Suffered 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 EVER:

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, or with a member of your household?..... Yes No
16. Promoted violence anywhere, including on any website or social media platform, using your actual name or an 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

ARE YOU AWARE OF:

- 21. Any circumstance in your life, family or household that could affect your ability to safely possess, use or secure a firearm?..... Yes No

Applicant Name (Print)

Applicant Name (Sign)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

Subscribed and Sworn to Before Me This: _____

Day of: _____ Year: _____

NOTARY PUBLIC SIGNATURE