Nassau County

Police Department

EDWARD P. MANGANO
COUNTY EXECUTIVE

1490 Franklin Avenue
Mineola, New York 11501
(516) 573-7559

THOMAS C. KRUMPTER
ACTING COMMISSIONER

PISTOL LICENSE APPLICATION INSTRUCTIONS

Step 1: Obtain and prepare application.

Prior to completing any of the enclosed forms, take the time to review these instructions to assure that the enclosed forms will be properly prepared. All of the forms are to be completed and all required supplementary documents are to be secured prior to submitting your application for review.

PLEASE NOTE THAT FORMS MUST BE CLEARLY PRINTED IN BLACK INK ONLY OR TYPED.

1. **Form preparation:** All questions ***must*** be answered completely.

FALSE STATEMENTS MADE ON ANY FORM IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NYS PENAL LAW AND WILL RESULT IN THE DISAPPROVAL OF YOU APPLICATION.

a. Pistol License Questionnaire.

i. Character references: ***should*** be US citizens and ***must*** be Nassau County residents who have known the applicant for a minimum of 1 year. The following categories of people are ***unacceptable*** as character references:

1. Relatives, by either blood or marriage,
2. Active law enforcement officers,
3. Husband and wife combinations,
4. Two or more members of the same family or household.

The character references will be listed on the questionnaire. Individual forms will be provided for each character reference to complete.

ii. If you answer "Yes" to any question from #1 through #13, you ***must*** attach a notarized statement on an 8 ½" x 11" sheet of paper explaining each answer in complete detail.

iii. You must obtain an abstract of your driver's record from the NYS Department of Motor Vehicles in the following situations:

1. If you have received a traffic summons or been arrested for any traffic infraction in the last 5 years, ***or***
2. If your driving privileges have ***ever*** been suspended or revoked, ***or***
3. If you are unsure if either of the above situations applies to you.

iv. If you have ***ever*** been arrested or received a Field Appearance Ticket or Criminal Summons from ***any*** law enforcement agency, you ***must*** do the following:

1. Answer "Yes" on the Pistol License Questionnaire, ***and***
2. Submit a certified Transcript of Record from the presiding court indicating the offense and final disposition, ***and***
3. Submit a detailed notarized statement describing the circumstances surrounding each arrest and its disposition.

You ***must*** provide this documentation even if the case was dismissed, the record sealed, or the case nullified by operation of law. The NYS Division of Criminal Justice Services will report to us ***every*** instance involving the arrest of an applicant.

DO NOT ALLOW ANY PERSON TO ADVISE YOU THAT YOU NEED NOT LIST A PREVIOUS ARREST.

NYS law provides the authority for the Licensing Officer to inquire into the facts underlying the arrest of a pistol license applicant, even if the arrest was terminated in his or her favor.

FAILURE TO REPORT THE DETAILS OF AN ARREST <u>WILL</u> RESULT IN THE DISAPPROVAL OF YOUR APPLICATION.

b. Pistol License Applicant's Declaration Form: complete form and have it notarized. Applicants are required to know the information contained in the Application Instructions and Information Handbook.

c. Pistol Licensee's Residence Declaration Form: complete form and have it notarized.

d. NYS Firearms License Request for Public Records Exemption/FOIL Opt Out Form: applicants should be aware that an approved application is a Public Record and their name and address may, in some circumstances, be released. By completing this form your personal information will be exempt from disclosure.

2. Applicant must provide the following**:**
   a. Two identical passport size photos, black and white or color photographs on photo paper.
      i. Taken within the past 30 days.
      ii. Photographs must be clear and distinctly show facial features.
      iii. Must have a plain background.

   b. Identification.
      i. Current NYS driver's license showing a Nassau County address. A Post Office Box is unacceptable, ***and***
      ii. Birth Certificate or Passport.
      iii. If born in a foreign country, you must submit a copy of your naturalization certificate or your alien registration card. The alien registration number is necessary to process your fingerprints. In addition, we will need to see your passport or birth certificate.

   c. Proof of Residence.
      i. Major utility bill, gas, water, electric only, ***or***
      ii. Tax bill.
      iii. Applicants who do not have one of the above documents in their name *must* submit a notarized letter from the person whose name appears on any said document stating that the applicant resides at that location and they have no objection to the weapon being on the premises. This includes anyone who rents or is a relative of the property owner.

Step 2: Review of application.

1. When you have completed all of the forms and secured all required supplementary documents, you are ready to proceed with the next phase of the application process. You must appear at the Pistol License Section to have your application package reviewed for accuracy and completeness. No appointment is necessary for this phase.

2. If the forms are not completed properly or the required documentation is not provided, the application will be returned to you with instructions for proper completion.

3. Upon approval of your application package, you will be given the following:
   a. Fingerprint appointment.
   b. Four Affidavit of Character Reference Forms. Follow the instructions on the front of the form.
   c. New York State Pistol/Revolver License Application/Fingerprint card. The ***only*** information you will fill out on this form is the character reference information on the front. Fill in your character reference's names and addresses and have them sign in the last column. This must be done in ***black ink only***. You can not fold, spindle, or mutilate this form. It must be returned to the Pistol License Section in the same condition as you receive it.

Step 3: Fingerprinting.

1. When you arrive for your fingerprint appointment, you must supply the following two (2) fees:
   a. $200.00 application fee. Form of payment accepted: credit card, check, or money order. Check or money order made payable to NCPD. ***Cash will not be accepted***.
   b. $91.50 fingerprint processing fee. Form of payment accepted: check or money order made payable to NCPD. ***Cash will not be accepted***. This fee ***must be separate*** from the application fee.

GENERAL INFORMATION`

1. **Deadline:** All completed forms and supplementary documentation must be received by your investigator within 6 months of the day you are fingerprinted. Failure to comply with this instruction will result in the cancellation of your application prior to issuance.

2. **Submission of Application:** Pistol Licenses will be processed as quickly as possible. Present waiting time is six (6) months from day of fingerprinting. ***DO NOT CALL*** within this time frame.

3. **Pistol License Consulting Firms:** This Department has received complaints concerning misrepresentations and misleading information issued by various firms who indicate that they can assist you in receiving a pistol license or can expedite your application. It is this Department's position that the utilization of these firms is unnecessary and that the application instructions are self-explanatory. If you have any questions concerning the application or application process, you can contact the Pistol License Section and someone will assist you.

POLICE DEPARTMENT COUNTY OF NASSAU, N.Y.
PISTOL LICENSE SECTION
1490 FRANKLIN AVE
MINEOLA, N.Y. 11501
PHONE 516-573-7559 FAX 516-573-7861

PISTOL LICENSE SECTION HOURS
MON. AND FRI. 8:00 A.M. TO 5:00 P.M., TUES. AND THUR. 9:00 A.M. TO 7:00 P.M.
WED. CLOSED

FOR SECURITY AND SAFETY REASONS, NO CHILDREN WILL BE PERMITTED IN THE INTERVIEW AREA.

POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK
PISTOL LICENSE DECLARATION FORM

Name _____ Date _____

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED, READ, AND UNDERSTAND THE CONTENTS OF THE FOLLOWING DOCUMENTS:

1. Fill in the revision date of your Pistol License Application Instructions _____
2. Fill in the revision date of your Pistol License Information Handbook _____

I ACKNOWLEDGE THAT SHOULD A NASSAU COUNTY PISTOL LICENSE BE ISSUED:

1. I must obtain a Purchase Document issued by the Nassau County Police Department, Pistol License Section prior to taking possession of a handgun.

2. I can not transport a handgun directly into New York State. If I want to purchase a handgun from out-of-state, I must have a Federal Firearms Dealer from outside of New York State ship the handgun to a Federal Firearms Dealer within New York State. I can then obtain a Purchase Document from the Nassau County Police Department Pistol License Section to take possession of the handgun.

3. Any firearms I bring to Police Headquarters or local precincts must be in an unloaded condition.

4. I am aware that my Nassau County Pistol License is not valid within the City of New York unless it is validated by the New York City Police Department or stamped Retired Police Officer or Retired Federal Law Enforcement Officer.

5. I understand that I may carry my handgun(s) only for the purpose that appears on my license.

6. I will keep my handgun(s) safeguarded at all times but will not leave the handgun(s) in my vehicle.

7. Residency Requirements:

   a. Business License - Cancelled if business moves out of Nassau County or is dissolved,

   b. Target License - Cancelled if licensee moves out of Nassau County,

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS AND AM AWARE THAT ANY VIOLATION OF THE ABOVE MAY RESULT IN THE DISAPPROVAL OR REVOCATION OF MY PISTOL LICENSE.

Sworn to before me _____ _____ _____

DATE NOTARY PUBLIC APPLICANT SIGNATURE

The applicant will sign above in the presence of the Notary Public. The applicant will sign below in the presence of the Nassau County Pistol License Section Personnel.

_____ _____

APPLICANT SIGNATURE DATE

_____ _____

NCPD PLS PERSONNEL SIGNATURE DATE

NOTARY STAMP

POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK
PISTOL LICENSE APPLICANT QUESTIONNAIRE

(PRINT CLEARLY IN BLACK INK ONLY)

PLAQ Rev. - 9/08

LAST NAME	FIRST	MIDDLE	NICKNAME/ ALIAS

ADDRESS: NO. STREET	VILLAGE	STATE	ZIP CODE

TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS

SOCIAL SECURITY NO.	DATE OF BIRTH	SEX ☐ MALE ☐ FEMALE	HEIGHT FEET INCHES

WEIGHT	RACE	HAIR COLOR	EYE COLOR	MARITAL STATUS ☐ MARRIED ☐ SINGLE ☐ DIVORCED ☐ WIDOW/WIDOWER

PLACE OF BIRTH	☐ CITIZEN ☐ ALIEN	IF NATURALIZED, GIVE DATE AND COURT WHERE PAPERS ARE FILED AND ALIEN REGISTRATION NO.

IF FEMALE, MAIDEN NAME	FATHER'S NAME	IF MALE, WIFE'S MAIDEN NAME	MOTHER'S MAIDEN NAME

SPOUSE'S NAME (Domestic Partner)	SPOUSE'S D.O.B. (Domestic Partner)	SPOUSE'S TELEPHONE NO. (Domestic Partner)

NEXT OF KIN (Include Date of Birth, Address and Phone Number)

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED OR RECEIVED AN APPEARANCE TICKET FOR ANY OFFENSE EXCEPT TRAFFIC INFRACTIONS? IF YES, PROVIDE THE FOLLOWING INFORMATION: ☐ YES ☐ NO

DATE	POLICE AGENCY	CHARGE	DISPOSITION	COURT & DATE

LIST ALL HANDGUNS IN YOUR POSSESSION (If none, so indicate)

MANUFACTURER	PIST. or REV.	CALIBER	SERIAL NUMBER	MODEL	BARREL LENGTH	COLOR	PROPERTY OF

EMPLOYED BY;	BUSINESS ADDRESS

OCCUPATION	NATURE OF BUSINESS	BUSINESS PHONE NO.

LIST ALL PLACES OF EMPLOYMENT FOR LAST FIVE (5) YEARS (Include business name, address, nature of business and phone no.)

LIST ALL PLACES OF RESIDENCE FOR THE LAST TEN (10) YEARS (Include apartment no., state, county and zip code)

TYPE OF LICENSE YOU ARE APPLYING FOR:

☐ BUSINESS ☐ TARGET/BUSINESS ☐ RETIRED PEACE OFFICER ☐ RETIRED FEDERAL LAW ENFORCEMENT ☐ RETIRED POLICE OFFICER ☐ SECURITY/ARMORED CAR ☐ TARGET/HUNTING

NAME, DATE OF BIRTH, ADDRESS, AND PHONE NUMBER OF PERSON WHO WILL SAFEGUARD PISTOL(S) AND NOTIFY PISTOL LICENSING BUREAU IN CASE OF APPLICANT'S DEATH OR DISABILITY (The individual should be a Nassau County resident not living with you and does not need to possess a pistol license)

HOW AND WHERE WILL GUNS BE SAFEGUARDED:

GIVE FOUR (4) CHARACTER REFERENCES

LAST, FIRST, M.I.	D.O.B.	STREET ADDRESS	CITY, VILLAGE, TOWN	HOME PHONE	CELL PHONE

1. Have you ever been dishonorably discharged from the armed forces? ☐ YES ☐ NO
2. Have you ever undergone treatment for alcohol or substance use? ☐ YES ☐ NO
   Have you used or still use narcotics, tranquillizers or anti depressant medication? ☐ YES ☐ NO
   If YES, record doctor's name, address and phone number, (attach).
3. Have you ever had a pistol license, dealer's license, gunsmith license, or any application for such a license disapproved, or had such license revoked or cancelled? ☐ YES ☐ NO
4. Do you have any physical condition which could interfere with the safe and proper use of a handgun? ☐ YES ☐ NO
5. Have you ever been charged, petitioned against, a respondent, or otherwise been subject of a proceeding in Family Court, or any Court? ☐ YES ☐ NO
6. Have you ever received a traffic summons or been convicted for any traffic infraction in the last (5) years? ☐ YES ☐ NO
   If YES, list the following information, date, charge(s), disposition, court, and police agency, (attach).
7. Have you ever been arrested? ☐ YES ☐ NO
   If YES, list the following information, date, charge(s), disposition, court, and police agency, (attach).
8. Have you been discharged from any employment? ☐ YES ☐ NO
9. Have you or any member of your household ever suffered any mental illness, or been confined to any hospital, public or private institution for mental illness? ☐ YES ☐ NO
10. Have you been denied appointment to a civil service position, Federal, State or Local? ☐ YES ☐ NO
11. Have you served in the armed forces of this or any other country? ☐ YES ☐ NO
    If YES, provide service number, dates, and details. If discharge other than honorable provide details,(attach).
12. Have you been the subject of military disciplinary action? ☐ YES ☐ NO
13. Have you had any license (i.e. driver's or liquor) issued by any agency denied, revoked, cancelled or suspended? ☐ YES ☐ NO
14. **If YES to ANY answer to questions 1 through 13, see instructions for providing statement:**

ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH MAY BE ISSUED TO ME:

1. **No license issued as a result of this application is valid in the City of New York.**
2. **Any license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license or in an amendment to such license properly issued by the licensing officer.**
3. **If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of State Police and in Nassau and Suffolk counties, to the Police Commissioner of that county, within 10 days of such change.**
4. **Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any Judge or Justice of a court or record.**

STATE OF NEW YORK
COUNTY OF NASSAU SS:

I, _____ , being duly sworn, depose and say that I am the above named person, I have personally read and answered each and every question herein and each and every answer is full, true and correct in every respect.

Sworn to before me this _____

day of _____ , 20 _____

_____
SIGNATURE NOTARY PUBLIC

_____
SIGNATURE OF APPLICANT

NOTARY STAMP

Nassau County

Police Department

EDWARD P. MANGANO
COUNTY EXECUTIVE

1490 Franklin Avenue
Mineola, New York 11501
(516) 573-8800

THOMAS C. KRUMPTER
ACTING COMMISSIONER

Pistol Licensee's Residence Declaration

I, _____ declare that all persons age 18 years or older who reside at my place of residence, have been notified by me and are fully aware that if I am approved for a pistol license there may be a firearm inside my home. I further declare those same individuals have been informed that said firearm(s) will be stored and safeguarded in a secure location within my residence.

Resident Address: _____

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for a pistol license shall become null and void.

_____ _____

Signature **Date**

Declaration must be witnessed and notarized

Name (printed) _____

Name (signature) _____

Witness (printed) _____

Witness (signature) _____ NOTARY STAMP

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: [ ] **an applicant** for a firearms license [ ] **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth_____

Address_____ City_____ State_____

Firearms License # (if applicable) _____ Date Issued_____

Licensing Authority / County of Issuance or Application _____

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: (*check all that are applicable)*

[ ] 1. My life or safety may be endangered by disclosure because:

[ ] A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;

[ ] B. I am a protected person under a currently valid order of protection;

[ ] C I am or was a witness in a criminal proceeding involving a criminal charge;

[ ] D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

[ ] 2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: *(Must be explained in item 5 below)*

[ ] 3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.

(Please check any that apply)

A _____ B_____ C_____ D_____

[ ] 4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.

5. *(Please provide any additional supportive information as necessary)*

_____

_____

_____

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

_____ _____

Signature **Date**