

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 #19, you *must* attach a notarized statement on an 8 ½" x 11" sheet of paper explaining each answer in complete detail. This is in addition to any information requested in a specific question.

- iii. You must obtain and submit a NYS driving record history also called a “lifetime abstract”. This document is available through the NYS DMV web site located at www.dmv.ny.gov. The specific link for the instructions and form is <https://dmv.ny.gov/get-my-own-lifetime-driving-record>. Have the document sent to yourself and submit it with your application.
- 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 WILL 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: 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 light colored background.

- b. Identification.
 - i. Current NYS driver 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.

Note: If you do not have a NYS driver license. You must provide two proofs of residence from the list below. At least one of these **must be** in your name.

- c. Proof of Residence.
 - i. Major utility bill, gas, water, electric only, **or**
 - ii. Tax bill.
 - iii. Applicants residing with their parents or who do not have one of the above in their name **must** submit a notarized letter from their parents or the person whose name is on the document stating that the applicant resides at that location and they have no objection to the weapon being on the premises.

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. \$87.00 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.

The NCPD Pistol License Handbook and additional forms are available at www.pdcn.org. Once at the site select 'About NCPD' then select 'FORMS'.

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.

All Nassau County Pistol Licensee's, regardless of the classification of license they hold, are to be aware that whenever they have an encounter with any Law Enforcement Officer while carrying a licensed handgun on their person, in a case or any other receptacle in proximity to the licensee, or while transporting a handgun in a vehicle, the licensee should listen and comply with all directives given by the Law Enforcement Officer. The licensee should immediately, or at the earliest possible moment, and without interfering with any directives given by the Officer, inform the Officer of the fact that he/she is a pistol license holder and that there is a licensed handgun(s) on, or in proximity to their person. The licensee must listen to and obey all instructions then given by the Law Enforcement Officer and should never make a unilateral decision to retrieve or display a licensed handgun during any encounter with Law Enforcement.

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

 APPLICANT SIGNATURE

 DATE

 NCPD PLS PERSONNEL SIGNATURE

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TYPE OF LICENSE YOU ARE APPLYING FOR : <input type="checkbox"/> TARGET/HUNTING <input type="checkbox"/> BUSINESS/TARGET/HUNTING <input type="checkbox"/> ARMORED CAR GUARD											
<input type="checkbox"/> ARMED GUARD <input type="checkbox"/> RETIRED FED LEO <input type="checkbox"/> RETIRED PEACE OFFICER <input type="checkbox"/> RETIRED POLICE OFFICER <input type="checkbox"/> OTHER: _____											
LAST NAME		FIRST NAME			MIDDLE NAME			NICKNAME / ALIAS			
ADDRESS: STREET #		APT#	STREET				TOWN			STATE	ZIP CODE
LIST ALL PLACES OF RESIDENCE FOR THE LAST TEN YEARS (Include street with #, apt #, town, state, and zip code)											
HOME PHONE #			CELL PHONE #			E-MAIL ADDRESS			SOCIAL SECURITY #		
DATE OF BIRTH		PLACE OF BIRTH		<input type="checkbox"/> CITIZEN <input type="checkbox"/> ALIEN	IF NATURALIZED, GIVE DATE AND COURT AND ALIEN REGISTRATION #						
SEX	HEIGHT FT. IN.	WEIGHT	RACE		HAIR COLOR		EYE COLOR		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
FOR MALES:											
WIFE'S MAIDEN NAME: _____						MOTHER'S MAIDEN NAME: _____					
FOR FEMALES:											
MAIDEN NAME: _____						PRIOR MARRIED NAME(S): _____					
FATHER'S FULL NAME: _____											
SPOUSE / DOMESTIC PARTNER FULL NAME						SPOUSE / DOMESTIC PARTNER DOB			SPOUSE / DOMESTIC PARTNER CELL PHONE		
NEXT OF KIN - NOT LIVING WITH YOU (Include name, DOB, address and phone #)											
APPLICANT EMPLOYED BY				BUSINESS ADDRESS							
OCCUPATION				NATURE OF BUSINESS						BUSINESS PHONE #	
LIST ALL PLACES OF EMPLOYMENT FOR THE LAST FIVE YEARS (Include business name, address, nature of business and phone #)											
NAME, ADDRESS, AND PHONE # OF THE PERSON WHO WILL SAFEGUARD YOUR HANDGUN(S) AND NOTIFY THE PISTOL LICENSE SECTION IN THE EVENT OF YOUR DEATH OR DISABILITY. THIS PERSON SHOULD BE A NASSAU COUNTY RESIDENT NOT LIVING WITH YOU AND DOES NOT NEED TO POSSESS A PISTOL LICENSE.											
HOW AND WHERE WILL THE HANDGUN(S) BE SAFEGUARDED IN YOUR HOME?											
LIST ALL HANDGUNS YOU OWN OR ARE IN YOUR POSSESSION											
MANUFACTURER	AUTO or REV	CALIBER	SERIAL NUMBER		MODEL		BARREL LENGTH	COLOR	PROPERTY OF		
HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED, INDICTED, OR RECEIVED AN APPEARANCE TICKET ANYWHERE FOR ANY OFFENSE OTHER THAN PARKING VIOLATIONS? (Read Instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE FOLLOWING INFORMATION:											
DATE	POLICE AGENCY		CHARGES			DISPOSITION			COURT AND DATE		

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

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GIVE FOUR CHARACTER REFERENCES (Read Instructions)

1) LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS	CITY, TOWN, VILLAGE	HOME PHONE	CELL PHONE
2) LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS	CITY, TOWN, VILLAGE	HOME PHONE	CELL PHONE
3) LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS	CITY, TOWN, VILLAGE	HOME PHONE	CELL PHONE
4) LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS	CITY, TOWN, VILLAGE	HOME PHONE	CELL PHONE

1. Do you have a physical condition which could interfere with the safe and proper use of a handgun?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you or any member of your household ever suffered a mental illness or been confined to any hospital, or public or private institution, for mental illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you or any member of your household ever been evaluated or treated as a result of any mental health issues including, but not limited to, depression?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever undergone treatment for alcohol or substance use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you now or have you ever tried, used, possessed or sold marijuana or its derivatives, narcotics, controlled substances, tranquilizers, anti-anxiety, anti-depression, or anti-psychotic medications? If yes and prescribed by a doctor, provide the doctor's name, address, and phone number.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you received a traffic summons, or been arrested or convicted for any traffic infraction in the last five (5) years? If yes, provide a NYS Driver's Abstract or, if out of state, list the following: date, charge(s), disposition, court and police agency.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has anyone in your household been arrested for a felony or serious offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you ever been charged, been petitioned against, been a respondent, or otherwise been a subject of a proceeding in Family Court or any court, excluding traffic and criminal court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever had, or do you now have, an Order of Protection issued against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you ever had, or do you now have, an Order of Protection issued by you against a member of your household or any family member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you ever had, or do you now have, an Order of Protection issued by you against a person other than a member of your household or family? If yes to Questions 9, 10, or 11, provide court and date of issuance, other person's name, address, and phone number, other person's relationship to you, and the reason for the issuance of the Order of Protection.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Have the police ever responded to a domestic incident in which you were involved?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Have you served in the armed forces of this or any other country? If yes, provide Form DD214 for US service or service number, dates, and details for foreign service. If discharge was other than honorable, provide details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. If yes to Question 13, have you ever been the subject of military disciplinary action?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you ever been terminated or discharged from any employment or the armed forces?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Have you ever been denied appointment to a civil service position, whether on the federal, state, or local level?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Do you have or have you ever had a pistol license issued by any other jurisdiction? If yes, provide name(s) of jurisdiction(s) and pistol license numbers(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Have you ever had a pistol license, dealer's license, gunsmith license, or any application for such a license disapproved, or had such a license withdrawn, cancelled, or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Have you ever had any license including, but not limited to, a driver's license, pistol license, or liquor license, issued by any agency denied, suspended, cancelled, or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. If you answered "yes" to any one of the 19 questions above, submit a separate, detailed, notarized explanation on 8 1/2" by 11" sized paper. This is in addition to any information requested in a specific question.	

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

STATE OF NEW YORK
COUNTY OF NASSAU 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 OF APPLICANT



SIGNATURE OF NOTARY

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.

Declaration must be signed and notarized

Applicant Signature

Date

STATE OF NEW YORK
COUNTY OF _____

On the ____ day of _____ in the year _____
before me, applicant personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed herein and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature, applicant duly executed the instrument.

Signature of Notary Public

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