

PISTOL LICENSE APPLICATION GUIDE

This pamphlet has been prepared as a guide to assist you in deciding which type of pistol license to apply for. Owning a firearm is a serious responsibility. You will need to receive training in the safety and use of a firearm, and become familiar with all laws and regulations relating to firearms ownership.

If you decide to apply for a license you must **APPEAR IN PERSON (DO NOT MAIL YOUR APPLICATION)** at the License Division with the complete application, the documents specified in the application instructions, the license application fee (\$340.00), and a fingerprinting fee (\$99.00). **These are the only fees you are required to pay to have your application processed by us!** The fees must be in the form of TWO (2) U.S. POSTAL MONEY ORDERS, made payable to the New York City Police Department. **PERSONAL CHECKS AND CASH ARE NOT ACCEPTED** and fees should NOT BE MADE PAYABLE to any individual person. Make sure that you save the receipt for your application fee given to you by the cashier. This receipt is proof of payment and contains your application number, which is required for any subsequent inquiries regarding the status of your application.

IF YOU INTEND TO APPLY FOR A LICENSE RELATED TO YOUR EMPLOYMENT, PROFESSION, OR BUSINESS, YOU MAY ASK TO SPEAK TO AN APPLICATION REVIEWER WHO WILL "SCREEN" YOUR APPLICATION AND DOCUMENTS, AND WILL ASSIST YOU IN DETERMINING THE TYPE OF LICENSE YOU APPEAR TO BE ELIGIBLE FOR. WHETHER OR NOT YOU CHOOSE TO HAVE YOUR APPLICATION SCREENED BY A REVIEWER, YOU WILL HAVE TO PROVIDE THE DOCUMENTATION SPECIFIED IN THE APPLICATION INSTRUCTIONS AT THE TIME OF APPLICATION SUBMISSION.

AFTER YOU FILE YOUR APPLICATION YOU WILL BE CONTACTED FOR AN INTERVIEW, AND MAY BE REQUIRED TO SUBMIT ADDITIONAL DOCUMENTATION. ALL DOCUMENTS WILL BE EXAMINED AND EVALUATED, AND ALL FACTORS WILL BE CONSIDERED IN MAKING OUR DETERMINATION AS TO YOUR NEED FOR AN EMPLOYMENT, PROFESSION, OR BUSINESS RELATED LICENSE.

REGARDLESS OF THE REVIEWER'S RECOMMENDATION, YOU MAY APPLY FOR WHICHEVER TYPE OF LICENSE(S) YOU CHOOSE. THE SCREENING PROCESS IS MERELY AN ATTEMPT TO ASSIST YOU AND DOES NOT AFFECT THE FINAL DECISION REGARDING YOUR APPLICATION.

Photo taken within
30 days prior to date
of application.

FRONT VIEW
1½ x 1½
Square

HANDGUN LICENSE APPLICATION

POLICE DEPARTMENT • CITY OF NEW YORK

PD 643-041 (Rev. 04-06)



LICENSE DIVISION
1 POLICE PLAZA
NEW YORK, N.Y. 10038



OFFICIAL USE ONLY	
NYSID NUMBER	
DATE	
APPLICATION NUMBER	
OLD LICENSE NUMBER	
<input type="checkbox"/> Complaint No.	
<input type="checkbox"/> Lost	
<input type="checkbox"/> Mutilated	
Corp Code	Cust Code

All applications must be typewritten and notarized. DO NOT MAKE ENTRIES IN SHADED AREAS. Necessary fee must accompany application. Make Bank Teller's Check, Certified Check or Money Order payable to the Police Department, City of New York. Not refundable if application is disapproved. (Administrative Code Sec. 10-131)

SECTION A TO BE ANSWERED BY ALL APPLICANTS

- CARRY BUSINESS
 CARRY GUARD/SECURITY
 RETIRED POLICE OFFICER
 LIMITED CARRY
 GUN CUSTODIAN
 PREMISES (Indicate Residence Business)
 SPECIAL (out of city validation.) CARRY

LICENSE NUMBER (Renewal Applicant)		YEAR	Do you possess any other NYC Handgun Lic.? If YES		<input type="checkbox"/> Complaint No.	
			TYPE LIC. NO.		<input type="checkbox"/> Lost	
1. Last Name		First Name	M.I.	Maiden Name/Alias		<input type="checkbox"/> Mutilated
2. Legal Address (Street No.)		Apt. #	City or Town		State	Zip Code
3 <input type="checkbox"/> Citizen	Alien Registration Number	Social Security Number		Home Phone	Res. Pct.	OCC Code
<input type="checkbox"/> Alien						Total Guns Code
4. Place of Birth - City, State, Country			Age	Date of Birth	Hgt. (inches)	Wgt.
					Sex	Color of Hair
						Color of Eyes

EMPLOYMENT INFORMATION

5. Name of Business		Type of Business		Bus. Pct.
6. Business Address (Street No.)		City or Town		State
				Zip Code
7. Bus. Telephone No./Day	Occupation (Owner - Employee - Gun Custodian)		How many other persons in this business have N.Y.C. Handgun Licenses?	
8. If applicable, list name, job title and license number of company gun custodian				

VALIDATION OF OUT OF CITY LICENSE (Special Handgun License ONLY)

9. Basic License Number	Issued By	County	Date Issued	Expiration Date
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LIST HANDGUNS FOR THIS APPLICATION ONLY

10. (ORIGINAL APPLICANT LEAVE BLANK)				TYPE	OWNER	MAKE CODE
MAKE	MODEL	GUN SERIAL NUMBER	CALIBER	R Revolver A Automatic	E Employer S Self	
001						
002						

OFFICIAL USE ONLY Right Thumb

NOTICE

Pursuant to Penal Law Section 400.00(5), the name and address of any person to whom an application for any license has been granted, shall be a public record.

SIGNATURE OF PERSON PRINTED

SECTION B

Applicants must answer Questions 10 through 24. Additionally Questions 29 through 31 must be answered chronologically and in detail. If you have answered YES to question(s) 10 through 28 you MUST attach a notarized sheet of paper (8½ x 11) explaining such answer(s) in complete detail. A FALSE STATEMENT SHALL BE GROUNDS FOR DENIAL OF A N.Y.C. HANDGUN LICENSE.

HAVE YOU EVER . . .

- | | YES | NO |
|---|--------------------------|--------------------------|
| 10. Had or ever applied for a Handgun License issued by any Licensing Authority in N.Y.S.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Been discharged from any employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Used narcotics or tranquilizers? List doctor's name, address, telephone number, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Been subpoenaed to, or testified at, a hearing or inquiry conducted by any executive, legislative or judicial body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Been denied appointment in a civil service system, Federal, State, Local? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Served in the armed forces of this or any other country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Received a discharge other than honorable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Been rejected for military service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you presently engaged in any other employment, business or profession where a need for a firearm exists? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Had or applied for any type of license or permit issued to you by any City, State or Federal agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has any corporation or partnership of which you are an officer, director, or partner, ever applied for or been issued a license or permit issued by the Police Department? Give type, year, license number, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20a. Has any officer, director or partner ever applied for or been issued a license or permit issued by the Police Department? Give type, year, license number, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Been admitted to a mental institution, sanitarium or received psychiatric treatment? List Doctor's/Institutions, Name, Address, Phone #, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever suffered from any disability or condition that may affect your ability to safely possess or use a handgun? List Doctor's Name, Address, Phone #, in explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: The following conditions must be listed, Epilepsy, Diabetes, Fainting Spells, Blackouts, Temporary Loss of Memory or any Nervous Disorder.

Before answering questions number 23 thru 26, read paragraph 7 of the instructions completely.

- | | | |
|---|--------------------------|--------------------------|
| 23. Been arrested, indicted, or summonsed, for ANY offense other than Parking Violations, in ANY jurisdiction, federal, state, local or Foreign? List the following: date, time, charge(s), disposition, court and police agency. (False statements are grounds for disapproval). | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever, or do you now have an Order of Protection issued against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever, 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"/> | <input type="checkbox"/> |
| 26. Have you ever, or do you now have an Order of Protection issued by you against a person other than a member of your household or family? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to questions 24 - 26, you must indicate the following information:

- a. Court of Issuance
- b. Date of Issuance
- c. Complainant's Name, Address and Telephone Number
- d. Complainant's relationship to you
- e. Reason for issuance of Order of Protection

- | | | |
|--|--------------------------|--------------------------|
| 27. Have the police ever responded to an incident of domestic violence in which you were involved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Used any variation in spelling of your name or any other name used? (Alias), explain. | <input type="checkbox"/> | <input type="checkbox"/> |

	FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	LIST ALL PLACES OF RESIDENCE FOR PAST FIVE (5) YEARS RESIDENCE (Include State, County, Zip Code and Apt. No.)	PRECINCT
29.		PRESENT		

	FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	LIST ALL PLACES OF EMPLOYMENT FOR PAST FIVE (5) YEARS BUSINESS NAME AND ADDRESS (Include State, County, Zip Code and Apt. No.)	OCCUPATION	PRECINCT
		PRESENT			

30. How and where will handgun(s) be safeguarded when not in use? (Location outside of N.Y. State is unacceptable).
31. Give name, address, relation and telephone number of person who will safeguard handgun(s) in case of applicant's death or disability. Must be a N.Y. State resident.

PENALTY FOR FALSIFICATION: Any false statement made herein is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

STATE OF NEW YORK	Under penalty of perjury being duly sworn deposes and
COUNTY OF _____ ss.:	says that all of the answers to the foregoing are true.
SWORN TO	
BEFORE ME _____	
DATE	SIGNATURE of APPLICANT

INVESTIGATING OFFICER'S SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
SUPERVISOR'S SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
C.O. INVEST. SECTION SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
C.O. LICENSE DIVISION SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON

ADDITIONAL DOCUMENTATION TO BE PRESENTED AT PERSONAL INTERVIEW

At the time of your interview, you must also furnish the following documents, as they apply to you:

1. The two (2) most recent copies of the business's sales tax report (ST 100) submitted to the State of New York and Federal Tax Return submitted for the previous year. If the business is solely a wholesale operation, a copy of the Federal tax return submitted for the previous tax year must be submitted. All tax forms must bear notarized signatures.
2. When requested by your investigator, your personal income tax return for the previous tax year.
3. Daily bank deposit slips and corresponding bank statements for the six months preceding the date of your interview. (Photocopies will not be accepted.)
4. A statement from your bank setting forth the total amount of your payroll and the total amount of payroll checks cashed during the three months immediately preceding the date of your interview.
5. If you were the victim of a crime which occurred during the course of your business or professional activities during the previous two years, you must provide the complaint report number, date and the precinct of occurrence.

At the time of your interview, your investigating officer will advise you if any additional forms or documents are required.

NOTICE TO ALL APPLICANTS:

In the following instances, while the applicant is pending, the applicant shall make an immediate report to the License Division, Applicant Section at (646) 610-5551:

1. Arrest indictment, or conviction in any jurisdiction; summons other than traffic infraction; suspension or ineligibility order issued pursuant to section 530.14 of the New York State Criminal Procedure Law or Section 842-a of the New York State Family Court Act.
2. Change of business or residence address.
3. Change of business, occupation or employment.
4. Any change in the circumstances cited by the applicant in their application.
5. Receipt of psychiatric treatment or treatment for alcoholism or drug abuse, or the presence or occurrence of any disability or condition that may affect the ability to safely possess or use a handgun.
6. Applicant is or becomes the subject or recipient of an Order of Protection or a Temporary Order of Protection.

The applicant may be required to report to the License Division with required documentation to have the change reviewed by License Division personnel.

NEW YORK CITY CHARTER
CHAPTER 18-C: PUBLIC SAFETY*

NYC Charter § 460

§ 460 Gun-free school safety zones.

a. It shall be a crime for any individual knowingly to possess a firearm at a place that the individual knows, or has reasonable cause to believe, is a school zone.

b. Subdivision a of this section shall not apply where the firearm is:

(i) possessed and kept in such individual's home in a school zone, provided that such individual is licensed or permitted to possess such firearm; or

(ii) possessed and kept at such individual's business in a school zone, provided that such individual is licensed or permitted to possess such firearm.

c. Affirmative defenses to the crime established in subdivision a shall include possession of a firearm:

(i) carried for personal safety between such individual's business, home, or bank in a school zone, provided that such individual is licensed or permitted to possess such firearm for such purpose;

(ii) just purchased or obtained by such individual and being transported that same day for the first time to such individual's home or business in a school zone where it will be stored, provided that such individual is licensed or permitted to possess such firearm;

(iii) carried between a police department facility for inspection and an individual's business, home, bank, or point of purchase in a school zone, provided that such individual is licensed or permitted to possess such firearm;

(iv) carried by licensed or permitted individuals and being transported to or from an authorized target practice facility;

(v) carried between a gunsmith for demonstrably needed repairs and an individual's business or home in a school zone, provided that such individual is licensed or permitted to possess such firearm;

(vi) used in an athletic or safety program approved by a school in a school zone, or by the police commissioner, or in accordance with a contract entered into between a school within the school zone and the individual or an employer of the individual, provided that such individual is licensed or permitted to possess such firearm for such purpose; or

(vii) used in accordance with a contract entered into between a business within the school zone and the individual or an employer of the individual, provided that such individual is licensed or permitted to possess such firearm for such purpose.

d. It shall be a crime for any person, knowingly or with reckless disregard for the safety of another, to discharge a firearm in a school zone.

e. Affirmative defenses to the crime established in subdivision d shall include discharge of a firearm:

(i) by an individual for self-defense, provided that such individual is licensed or permitted to possess such firearm for such purpose;

(ii) for use in a special event or safety program authorized by a school in a school zone or by the police commissioner;

(iii) by an individual in accordance with a contract entered into between a school in the school zone and the individual or an employer of the individual, provided that such individual is licensed or permitted to possess such firearm for such purpose; or

(iv) by an individual in accordance with a contract entered into between a business and the individual or an employer of the individual, provided that such individual is licensed or permitted to possess such firearm for such purpose.

f. Any person who violates this section shall be guilty of a misdemeanor, punishable by imprisonment of not more than one year or by a fine of not more than ten thousand dollars, or both.

g. In addition to the penalties prescribed in subdivision f of this section, any person who violates this section shall be liable for a civil penalty of not more than ten thousand dollars.

h. This section shall not apply to a police officer, as such term is defined in section 1.20 of the criminal procedure law, or a federal law enforcement officer, as such term is defined in section 2.15 of the criminal procedure law.

i. The police commissioner may promulgate rules implementing the provisions of this section. The police commissioner shall provide written notice of the requirements of this section to all persons who receive an official authorization to purchase a firearm and to all persons applying for a license or permit, or renewal of a license or permit. Failure to receive such notice shall not be a defense to any violation of this section.

j. The city of New York and its agencies, officers or employees shall not be liable to any party by reason of any incident or injury occurring in a gun-free school safety zone arising out of a violation of any provision of this section.

ADDITIONAL DOCUMENTATION TO BE PRESENTED AT PERSONAL INTERVIEW

At the time of your interview, you must also furnish the following documents, as they apply to you:

1. The two (2) most recent copies of the business's sales tax report (ST 100) submitted to the State of New York and Federal Tax Return submitted for the previous year. If the business is solely a wholesale operation, a copy of the Federal tax return submitted for the previous tax year must be submitted. All tax forms must bear notarized signatures.
2. When requested by your investigator, your personal income tax return for the previous tax year.
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4. A statement from your bank setting forth the total amount of your payroll and the total amount of payroll checks cashed during the three months immediately preceding the date of your interview.
5. If you were the victim of a crime which occurred during the course of your business or professional activities during the previous two years, you must provide the complaint report number, date and the precinct of occurrence.

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2. Change of business or residence address.
3. Change of business, occupation or employment.
4. Any change in the circumstances cited by the applicant in their application.
5. Receipt of psychiatric treatment or treatment for alcoholism or drug abuse, or the presence or occurrence of any disability or condition that may affect the ability to safely possess or use a handgun.
6. Applicant is or becomes the subject or recipient of an Order of Protection or a Temporary Order of Protection.

The applicant may be required to report to the License Division with required documentation to have the change reviewed by License Division personnel.

TYPES OF LICENSES

PREMISES LICENSE: ISSUED FOR YOUR RESIDENCE OR BUSINESS, THIS IS A RESTRICTED TYPE OF LICENSE. The Licensee may possess a handgun at the specific location indicated on the front of the license. This license permits the transporting of an unloaded handgun directly to and from an authorized small arms range/shooting club, secured unloaded in a locked container. Ammunition must be carried separately.

CARRY BUSINESS LICENSE: IS VALID FOR THE BUSINESS NAME, ADDRESS, AND FIREARM(S), LISTED ON THE FRONT OF THE LICENSE. IT IS NOT TRANSFERABLE TO ANY OTHER PERSON, BUSINESS, OCCUPATION, OR ADDRESS, WITHOUT THE WRITTEN APPROVAL OF THE COMMANDING OFFICER, LICENSE DIVISION.

LIMITED CARRY BUSINESS LICENSE: IS A RESTRICTED LICENSE. THE LICENSEE MAY ONLY CARRY THE FIREARM INDICATED ON THE LICENSE IN ACCORDANCE WITH THE SPECIFIC LIMITATIONS LISTED THEREON. AT ALL OTHER TIMES THE WEAPON MAY BE POSSESSED ONLY WITHIN THE CONFINES OF THE BUSINESS ADDRESS LISTED ON THE FRONT OF THE LICENSE.

SPECIAL CARRY LICENSE: IS VALID FOR THE BUSINESS NAME, ADDRESS AND FIREARMS(S) LISTED ON THE FRONT OF THIS LICENSE ONLY WHILE THE LICENSEE HAS IN HIS POSSESSION HIS VALID BASIC COUNTY LICENSE ISSUED ACCORDING TO THE PROVISIONS OF ARTICLE 400 OF THE N.Y.S. PENAL LAW. UPON THE REVOCATION, SUSPENSION, OR CANCELLATION OF THE BASIC LICENSE, THE SPECIAL LICENSE IS RENDERED VOID AND MUST BE IMMEDIATELY RETURNED TO THE LICENSE DIVISION.

RESTRICTED CARRY LICENSE (SECURITY GUARDS, ETC.): APPLICATIONS FOR THIS TYPE OF LICENSE MUST BE MADE WITH THE DOCUMENTATION PROVIDED BY THE COMPANY'S "GUN CUSTODIAN". IT IS ISSUED ONLY FOR THE FIREARM LISTED ON THE LICENSE. THE FIREARM MAY BE CARRIED ONLY WHILE THE LICENSEE IS ACTIVELY ENGAGED IN EMPLOYMENT. AT ALL OTHER TIMES THE FIREARM MUST BE STORED UNLOADED IN A LOCKED CONTAINER AT EITHER THE ADDRESS ON THE LICENSE OR AT THE EMPLOYEE'S LEGAL RESIDENCE (WITHIN THE STATE OF NEW YORK).

For information concerning "Gun Custodian" licenses, "Dealers in Firearms" licenses, or "Gunsmith" licenses you may contact the License Division's Gun Custodian Section at 646-610-5936

PERSONS PROHIBITED FROM POSSESSING FIREARMS

TITLE 18, UNITED STATES CODE, SECTION 922g

- ❖ ANYONE UNDER INDICTMENT FOR A CRIME FOR WHICH THEY COULD BE IMPRISONED FOR MORE THAN ONE YEAR.
- ❖ ANYONE CONVICTED OF A CRIME FOR WHICH THEY COULD HAVE BEEN IMPRISONED FOR MORE THAN ONE YEAR.
- ❖ ANYONE WHO IS AN UNLAWFUL USER OF MARIJUANA, NARCOTICS OR ANY CONTROLLED SUBSTANCE.
- ❖ ANYONE WHO HAS BEEN ADJUDICATED MENTALLY DEFECTIVE OR INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION.
- ❖ ANYONE DISHONORABLY DISCHARGED FROM THE ARMED FORCES.
- ❖ ANYONE IN THE UNITED STATES ILLEGALLY.
- ❖ ANYONE SUBJECT TO A COURT ORDER RESTRAINING THEM FROM HARASSING, STALKING OR THREATENING AN INTIMATE PARTNER OR CHILD OF A PARTNER.
- ❖ ANYONE CONVICTED OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE.

A PROHIBITED PERSON CANNOT RECEIVE OR POSSESS A FIREARM.

A LICENSED DEALER MAY NOT TRANSFER A FIREARM TO ANYONE THEY HAVE CAUSE TO BELIEVE IS PROHIBITED.

THESE ARE VIOLATIONS OF FEDERAL LAW AND MAY RESULT IN FINES OR IMPRISONMENT OF UP TO 10 YEARS.

REQUEST FOR PRE-LICENSE EXEMPTION

Pistol License Applicant:

If you wish to request consideration for a pre-license exemption, you must complete this form and return it to the License Division at the time you file your application for a handgun license.

Your request will be reviewed after an investigation is conducted to determine if you have a previous criminal record. A determination to approve or disapprove your request will be made at that time. Approval of your request will authorize you to shoot at an appropriate range while your application for a handgun license is under investigation.

This exemption terminates if your application for a license is denied or at any earlier time based on information which would result in the denial of your application.

Commanding Officer
License Division

Applicant's Name

Application Control Number

Applicant's Address

Age

Birth Date

Type of License

Name of Range, Address, Telephone Number

Name of Instructor

Instructor's Verified Statement:

Applicant's Signature

Instructor's Signature

THIS FORM MUST BE TYPED AND NOTARIZED

AFFIDAVIT OF FAMILIARITY WITH RULES AND LAW
(38 RCNY 5-33)

State of New York

County of _____ ss.:

The undersigned, being duly sworn, deposes and says that he/she shall be responsible for knowledge of and compliance with all laws, rules, regulations, standards and procedures promulgated by federal, state, or local jurisdictions, and by federal, state or local law enforcement agencies that are applicable to this license.

Signature

Sworn to before me this
_____ day of _____, 200__

Notary Public