



## POLICE DEPARTMENT COUNTY OF SUFFOLK

### PISTOL LICENSE APPLICATION AFFIDAVIT OF CHARACTER REFERENCE IN CONNECTION WITH INVESTIGATION OF:

APPLICANT: \_\_\_\_\_

PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY - PRINT OR TYPE  
ALL INFORMATION EXCLUDING YOUR SIGNATURE.

1. What is your full name? \_\_\_\_\_
2. What is your current address? \_\_\_\_\_
3. If female, what is your maiden name?: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_
5. Name of your employer: \_\_\_\_\_ Business Telephone: \_\_\_\_\_
6. Business Address: \_\_\_\_\_
7. How long have you known the applicant? \_\_\_\_\_
8. What is your relationship to the applicant? \_\_\_\_\_
9. Do you recommend, without reservation, the applicant for a pistol License? \_\_\_\_\_
10. Do you know the applicant to be a responsible person? \_\_\_\_\_
11. Do you have any knowledge of the applicant abusing alcoholic beverages? \_\_\_\_\_
12. Do you have any knowledge of the applicant using illegal drugs? \_\_\_\_\_
13. Do you have any knowledge of any domestic problems involving the applicant? \_\_\_\_\_
14. Do you have any knowledge of the applicant ever threatening anyone, or displaying a violent temper? \_\_\_\_\_ If yes, under what circumstance. \_\_\_\_\_
15. Do you have any knowledge of the applicant associating with known criminals? \_\_\_\_\_ If yes, explain. \_\_\_\_\_
16. Has the applicant ever, or does he/she now own or possess any handguns? \_\_\_\_\_ If yes, give details: \_\_\_\_\_
17. Do you have any knowledge of the applicant ever suffering from, or being treated or hospitalized for any mental illness, or mental breakdowns? \_\_\_\_\_ If yes, give details: \_\_\_\_\_
18. Upon completion of this form, mail to: SUFFOLK COUNTY POLICE DEPARTMENT  
PISTOL LICENSING BUREAU  
30 YAPHANK AVENUE  
YAPHANK, NY 11980

**I HAVE ANSWERED ALL QUESTIONS IN THE ABOVE QUESTIONNAIRE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW, STATE OF NEW YORK.**

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Signature of Character Reference