



POLICE DEPARTMENT COUNTY OF SUFFOLK

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

APPLICANT: Last First Initial

PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY- PRINT OR TYPE ALL BUT SIGNATURE.

- 1. What is your full name?
2. What is your current address?
3. If female, 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?
15. Do you have any knowledge of the applicant associating with known criminals?
16. Has the applicant ever, or does he/she now own or possess any handguns?
17. Do you have any knowledge of the applicant ever suffering from, treated or hospitalized for any mental illness, or mental breakdowns?
18. Upon completion of this form, mail to: SUFFOLK COUNTY POLICE DEPARTMENT PISTOL LICENSING BUREAU-CR 30 YAPHANK AVENUE YAPHANK, NY 11980

ATT:

I HAVE ANSWERED ALL QUESTIONS IN 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