



SENECA COUNTY SHERIFF'S OFFICE

PISTOL PERMIT UNIT

6150 State Route 96
Romulus, New York 14541
(315)220-3220

PISTOL LICENSE APPLICANT QUESTIONNAIRE

Please read and answer every question carefully. Print or type all answers, BUT DO NOT SIGN

1. What is your full name?

2. Any names you have ever used or been known by?

Reason for name used or known by?

3. Address? Phone number:

4. Date of Birth? Place of Birth?

5. Marital Status (Single, Married, Separated, Divorced)

6. Starting with your present address, list all places of residence for the past five years?

Ex. 1. 123 Main Street, Anytown, New York 12345 (current)

2. 456 Elm Street, Mycity, New York, 45678 (2006-2011)

7. Starting with your present employment, list all employers for the past five years?

Ex. 1. Service Technician, ABC Service Corporation, 216 Maple Street, Anytown, New York 12345 (current)

2. Customer Service Representative, Acme Widgets, 456 Main Street, Mycity, New York 45678 (2007-2011)

8. Specifically, where and how will your handgun(s) be safeguarded when not in use?

9. Will any person under the age of 21 be left unsupervised in your residence?

If so, what precautions will be taken to ensure no one will gain access to your handgun(s)?

I have answered the above questions to the best of my knowledge and belief and I understand that any false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law

APPLICANT SIGNATURE

DATE