

TIOGA COUNTY SHERIFF'S OFFICE
Pistol Permit/Semi-Automatic Rifle Application Requirements

1. Pistol permit/semi-automatic rifle applications will only be accepted if the following criteria is met:
 - The person resides in Tioga County for a period of at least six months. Non-NYS residents may apply for a pistol permit if one of the following conditions exists: their primary place of employment is in Tioga County; they own a business in Tioga County; or they own deeded property within Tioga County (proof of these conditions must be provided).
 - The person is 21 years of age or older. (Military Exceptions Exist)

YOUR DRIVER'S LICENSE ADDRESS MUST BE THE SAME AS THE ADDRESS LISTED ON YOUR APPLICATION.

2. Pistol permits are issued as CARRY CONCEALED, POSSESS ON PREMISES or POSSESS/CARRY DURING EMPLOYMENT. If you are seeking a permit to POSSESS/CARRY DURING EMPLOYMENT, you must provide an affidavit from your employer stating such at the time of application.
3. All applications and forms are to be typed or completed using black ink.
4. All applications and forms must be legible and completed in their entirety.

NOTE: Once your application is completed and submitted with all fees paid, your application will be processed. You will experience a waiting period. Please do not call to check on the progress of your permit. You will be notified when your application has either been approved or denied. Thank you in advance for your patience.

FEES

1. The cost for processing a pistol permit application is \$115.00. **Cash Only.** No checks or money orders will be accepted. All fees must be paid in full at the time of application. **No refunds will be given.** The fee covers the following expenses (fees are subject to change):
 - \$75.00 – NYS Department of Criminal Justice Services fees
 - \$13.25 – FBI fees
 - \$10.00 – Tioga County License fee
 - \$16.75 – Tioga County Sheriff's Office processing fee

COMPLETING THE APPLICATION AND FINGERPRINTS

Your application packet should include the following:

- 3 – NYS Pistol/Revolver License Application forms (4 pages each or 2 pages each - front & back)
- 1 – “Applicant-Character Reference Information” form
- 4 – Character Reference Questionnaire forms
 - References must be a resident of Tioga County and cannot be:
 - Active-duty police or peace officers
 - Appointed or elected officials
 - A relative or significant other
 - Members of the same household
 - More than one member from the same family

NO COPIES OF THE ABOVE FORMS WILL BE ACCEPTED – ALL FORMS MUST BE AN ORIGINAL

ADDITIONAL RECORDS RELEASE FORMS WILL BE COMPLETED AT THE TIME OF YOUR APPLICATION

****If you are missing any of these forms, please contact the pistol permit clerk****

**** If applying for a Concealed Carry License you must provide proof of the completion of a 16-hour firearms safety training course ****

**** If applying for a Concealed Carry License, an in-person interview with the licensing officer will be scheduled ****

IF YOU HAVE EVER BEEN ARRESTED, SUMMONED, CHARGED, OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING SEALED DWI ARRESTS, YOU MUST PROVIDE COURT DISPOSITION FROM THE COURT OF JURISDICTION AT THE TIME OF APPLICATION.

OMMISSION OF INFORMATION OR QUESTIONS NOT TRUTHFULLY ANSWERED MAY BE CAUSE FOR DENIAL OF YOUR APPLICATION BY THE LICENSING OFFICER

New Pistol Permit/Semi-Automatic Rifle License applications are accepted by appointment only. Contact Sgt. Williams at 607-687-8463 between 8:00 a.m. and 2:00 p.m. Monday through Friday to set up an appointment to complete your fingerprints and submit your application.

State of New York

Pistol/Revolver License Application Semi-Automatic Rifle License Application

THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	Expiration Date	

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

Personal Information

Last Name		First Name		Middle Name	Suffix
Street Name (Physical Address)			Apt #	City	State Zip
Mailing Address (If Different than Physical)			Apt #	City	State Zip
Sex:	DOB:	Height: ft in	Weight:	Hair:	Eyes:
Social Security Number:		Race:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	Primary Phone #	Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business	
Business Address			Apt #	City	State Zip
I hereby apply for a Pistol/Revolver License to: (Check only one) <input type="checkbox"/> Carry Concealed <input type="checkbox"/> *Possess on Premises <input type="checkbox"/> *Possess/Carry During Employment					
(*) Premise Address or Employer Name and Address must be provided below:					
Employer Name (If Carry During Employment)		Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)			
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Give four character references who by their signature attest to your good moral character:					
Last, First, MI		Street Address (Street #, Name, Apartment #, City, State, Zip Code)		Signature	

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED

CURRENT MARRIAGE OR RELATIONSHIP

What is the Applicant's current relationship status?

If applicable, provide the requested information regarding the Applicant's current relationship below.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Do minors reside within the residence? Yes No If, yes: Part Time Full Time

ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED

LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?
 Sealed arrests must be included. *Refer to Executive Law §296(16)

Yes No

If yes, furnish the following information:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice? Yes No

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? Yes No

Are you an alien illegally or unlawfully in the United States? Yes No

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? Yes No

Have you been discharged from the Armed Forces under dishonorable conditions? Yes No

Have you ever renounced your United States citizenship? Yes No

Have you ever suffered any mental illness? Yes No

Have you ever been involuntarily committed to a mental health facility? Yes No

Have you ever had a pistol / revolver / semi-automatic rifle license revoked? Yes No

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act? Yes No

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs? Yes No

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?
 *THIS QUESTION ONLY APPLIES TO CARRY CONCEALED Yes No

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year? Yes No

If the answer to any of the questions above is YES, explain here:

For applicants under twenty-one years of age only:

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York? Yes No

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

**Photograph
 Of Applicant
 Taken Within 30 Days**

Full Face Only

Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:

1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

Jurat:
Signed and sworn to me before

This _____ day of _____, 20 _____
 at _____, New York

 Signature of Applicant

 Signature of Officer Administering Oath

 Title of Officer

APPLICATION NOT VALID UNLESS SWORN

Fingerprints submitted electronically by:

Name _____ Rank _____ Organization _____
 Date Submitted _____

Investigation Report – All information provided by this applicant has been verified:

Name _____ Rank _____ Organization _____

 Signature of Investigating Officer

This application is Approved Disapproved

The following restriction(s) is (are) applicable to this license:

 Title and Signature of Licensing Officer

If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:

*****List handguns only, do not list semi-automatic rifles.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.

This form is approved by Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

State of New York

Pistol/Revolver License Application Semi-Automatic Rifle License Application

THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	Expiration Date	

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Personal Information

Last Name		First Name		Middle Name	Suffix
Street Name (Physical Address)			Apt #	City	State Zip
Mailing Address (If Different than Physical)			Apt #	City	State Zip
Sex:	DOB:	Height: ft in	Weight:	Hair:	Eyes:
Social Security Number:		Race:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	Primary Phone #	Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business	
Business Address			Apt #	City	State Zip
I hereby apply for a Pistol/Revolver License to: (Check only one) <input type="checkbox"/> Carry Concealed <input type="checkbox"/> *Possess on Premises <input type="checkbox"/> *Possess/Carry During Employment (*) Premise Address or Employer Name and Address must be provided below:					
Employer Name (If Carry During Employment)		Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)			
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Give four character references who by their signature attest to your good moral character:					
Last, First, MI	Street Address (Street #, Name, Apartment #, City, State, Zip Code)			Signature	

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED

CURRENT MARRIAGE OR RELATIONSHIP

What is the Applicant's current relationship status?

If applicable, provide the requested information regarding the Applicant's current relationship below.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Do minors reside within the residence? Yes No If, yes: Part Time Full Time

ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED

LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?
 Sealed arrests must be included. *Refer to Executive Law §296(16)

Yes No

If yes, furnish the following information:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice? Yes No

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? Yes No

Are you an alien illegally or unlawfully in the United States? Yes No

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? Yes No

Have you been discharged from the Armed Forces under dishonorable conditions? Yes No

Have you ever renounced your United States citizenship? Yes No

Have you ever suffered any mental illness? Yes No

Have you ever been involuntarily committed to a mental health facility? Yes No

Have you ever had a pistol / revolver / semi-automatic rifle license revoked? Yes No

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act? Yes No

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs? Yes No

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?
**THIS QUESTION ONLY APPLIES TO CARRY CONCEALED* Yes No

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year? Yes No

If the answer to any of the questions above is YES, explain here:

For applicants under twenty-one years of age only:

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York? Yes No

State of New York

Pistol/Revolver License Application Semi-Automatic Rifle License Application

THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
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Personal Information

Last Name		First Name		Middle Name	Suffix
Street Name (Physical Address)			Apt #	City	State Zip
Mailing Address (If Different than Physical)			Apt #	City	State Zip
Sex:	DOB:	Height: ft In	Weight:	Hair:	Eyes:
Social Security Number:		Race:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	Primary Phone #	Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business	
Business Address			Apt #	City	State Zip
I hereby apply for a Pistol/Revolver License to: (Check only one) <input type="checkbox"/> Carry Concealed <input type="checkbox"/> *Possess on Premises <input type="checkbox"/> *Possess/Carry During Employment (*) Premise Address or Employer Name and Address must be provided below:					
Employer Name (If Carry During Employment)		Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)			
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Give four character references who by their signature attest to your good moral character:					
Last, First, MI		Street Address (Street #, Name, Apartment #, City, State, Zip Code)		Signature	

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

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Phone Number				

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Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED

LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS

State of New York

Pistol/Revolver License Application Semi-Automatic Rifle License Application

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Sealed arrests must be included. *Refer to Executive Law §296(16)

Yes No

If yes, furnish the following information:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice? Yes No

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? Yes No

Are you an alien illegally or unlawfully in the United States? Yes No

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? Yes No

Have you been discharged from the Armed Forces under dishonorable conditions? Yes No

Have you ever renounced your United States citizenship? Yes No

Have you ever suffered any mental illness? Yes No

Have you ever been involuntarily committed to a mental health facility? Yes No

Have you ever had a pistol / revolver / semi-automatic rifle license revoked? Yes No

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act? Yes No

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs? Yes No

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?
**THIS QUESTION ONLY APPLIES TO CARRY CONCEALED* Yes No

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year? Yes No

If the answer to any of the questions above is YES, explain here:

For applicants under twenty-one years of age only:

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York? Yes No

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

**Photograph
 Of Applicant
 Taken Within 30 Days**

Full Face Only

Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:

1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

Jurat:
 Signed and sworn to me before

This _____ day of _____, 20 _____

at _____, New York

 Signature of Applicant

 Signature of Officer Administering Oath

 Title of Officer

APPLICATION NOT VALID UNLESS SWORN

Fingerprints submitted electronically by:

Name _____ Rank _____ Organization _____

Date Submitted _____

Investigation Report – All information provided by this applicant has been verified:

Name _____ Rank _____ Organization _____

 Signature of Investigating Officer

This application is Approved Disapproved

The following restriction(s) is (are) applicable to this license:

 Title and Signature of Licensing Officer

If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:

*****List handguns only, do not list semi-automatic rifles.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.

This form is approved by Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

Character Reference Information Form

Name of applicant: _____ Maiden/Any other: _____

Address: _____

(Street Address, City, State, Zip)

Home Phone: _____

Work Phone: _____

Birthplace: _____

(City, State)

Years at current address: _____

Previous addresses (list all previous addresses for the past ten years):

1. _____

2. _____

3. _____

4. _____

Character References

1. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Years known: _____

Employer name and address: _____

2. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Years known: _____

Employer name and address: _____

3. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Years known: _____

Employer name and address: _____

4. Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Years known: _____

Employer name and address: _____

Character Reference Questionnaire

Applicants Name: _____

Your Name: _____ DOB: _____

Phone: (Work) _____ (Home) _____ (Cell) _____

Please answer each of the following questions and provide explanations when necessary.

1. How long have you known the applicant and in what capacity? _____

2. Has the applicant ever demonstrated violent tendencies or temper? (If yes, explain) _____

3. Has the applicant ever had a problem with drug or alcohol abuse? (If yes, explain) _____

4. Has the applicant ever suffered from or been treated for a mental illness or condition? (If yes, explain) _____

5. If approved for a (Pistol permit) (Gun Dealer/Gunsmith License) do you believe the applicant will adhere to all applicable laws regarding the proper use and possession of a firearm? (If no, explain) _____

6. Do you have any reservations about the applicant possessing a Pistol Permit or a Gun Dealer/Gunsmith License? (If yes, explain) _____

7. Has the applicant ever been associated with a subversive organization (e.g., Ku Klux Klan, Neo-Nazi, Hells Angles)? (If yes, explain) _____

8. Please give a brief statement about the applicants' character, stability, and judgment: _____

Signature _____

Date _____

Character Reference Questionnaire

Applicants Name: _____

Your Name: _____ DOB: _____

Phone: (Work) _____ (Home) _____ (Cell) _____

Please answer each of the following questions and provide explanations when necessary.

1. How long have you known the applicant and in what capacity? _____

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8. Please give a brief statement about the applicants' character, stability, and judgment: _____

Signature _____

Date _____

Character Reference Questionnaire

Applicants Name: _____

Your Name: _____ DOB: _____

Phone: (Work) _____ (Home) _____ (Cell) _____

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8. Please give a brief statement about the applicants' character, stability, and judgment: _____

Signature _____

Date _____

Character Reference Questionnaire

Applicants Name: _____

Your Name: _____ DOB: _____

Phone: (Work) _____ (Home) _____ (Cell) _____

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1. How long have you known the applicant and in what capacity? _____

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3. Has the applicant ever had a problem with drug or alcohol abuse? (If yes, explain) _____

4. Has the applicant ever suffered from or been treated for a mental illness or condition? (If yes, explain) _____

5. If approved for a (Pistol permit) (Gun Dealer/Gunsmith License) do you believe the applicant will adhere to all applicable laws regarding the proper use and possession of a firearm? (If no, explain) _____

6. Do you have any reservations about the applicant possessing a Pistol Permit or a Gun Dealer/Gunsmith License? (If yes, explain) _____

7. Has the applicant ever been associated with a subversive organization (e.g., Ku Klux Klan, Neo-Nazi, Hells Angles)? (If yes, explain) _____

8. Please give a brief statement about the applicants' character, stability, and judgment: _____

Signature _____

Date _____