



1. Had or ever applied for a Handgun License issued by any Licensing Authority in NYS? \_\_\_/\_\_\_
2. Been discharged from any employment? \_\_\_/\_\_\_
3. Used Narcotics or tranquilizers? (List doctor's name, address, telephone #, in explanation.) \_\_\_/\_\_\_
4. Been subpoenaed to, or testified at, a hearing or inquiry conducted by any executive, legislative or judicial body? \_\_\_/\_\_\_
5. Been denied appointment in a civil service system, Federal, State, or Local? \_\_\_/\_\_\_
6. Served in the armed forces of this or any other country? \_\_\_/\_\_\_
7. Received a discharge other than honorable? \_\_\_/\_\_\_
8. Been rejected for military service? \_\_\_/\_\_\_
9. Are you presently engaged in any other employment, business or profession where a need for a firearms exists? \_\_\_/\_\_\_
10. Had or applied for any type of license or permit issued to you by any City, State, or Federal agency? \_\_\_/\_\_\_
11. 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.) \_\_\_/\_\_\_
- 11a. 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.) \_\_\_/\_\_\_
12. Been admitted to a mental institution, sanitarium or received psychiatric treatment? (List Doctor's, Institutions, Name, Address, Phone #, in explanation.) \_\_\_/\_\_\_
13. 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.) \_\_\_/\_\_\_  
Note: The following conditions must be listed, Epilepsy, Diabetes, Fainting Spells, Blackouts, Temporary Loss or Memory and/or any Nervous Disorder.
14. Been arrested, indicted, or summonsed, for ANY offense other than Parking Violations, in ANY jurisdiction, federal, state, local or Foreign? \_\_\_/\_\_\_
15. Have you ever, or do you now have an Order of Protection issued against you? \_\_\_/\_\_\_
16. 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? \_\_\_/\_\_\_
17. 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? \_\_\_/\_\_\_
18. Have the police ever responded to an incident of domestic violence in which you were involved? \_\_\_/\_\_\_
19. Used any variation in spelling of your name or any name used? \_\_\_/\_\_\_

I understand that all the information provided in this application is true. Any false statement made herein is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

I understand that the application process with Gold Shield Training Center is nonrefundable should the application be disapproved by the Police Department of New York City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Deposit: \$ _____	(Cash / Credit) Date: _____	Balance: \$ _____
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Application Completed and Handed to Applicant on: \_\_\_\_\_