

Gold Shield Training Center's
Westchester County Pistol Permit Questionnaire

Date you attended the NRA Basic Pistol Safety Course: _____

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Street) (Apartment # / Floor #)

(City) (State) (Zip Code)

Phone#: _____ Business#: _____ Cell#: _____

Driver's License # & State: _____ Email Address: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security #: _____ Sex: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Race: _____

Maiden Name: _____ Occupation: _____

Marital Status / Check One: Single Married Separated Divorced Widowed

Check One: Citizen by Birth
 Naturalized Citizen Naturalization # _____
 Resident Alien Alien Registration # _____

PREVIOUS Addresses:

Address #1: _____

Address #2: _____

PRESENT Employer: Name: _____ Type of Business: _____

Supervisor's Name & Title: _____ Date Hired: _____

Business Address: _____

Phone #: _____ Email Address: _____

PREVIOUS Employer: Name: _____ Type of Business: _____

Supervisor's Name & Title: _____ Employed from: _____ - _____

Business Address: _____

Phone #: _____ Email Address: _____

List three nearest relatives NOT residing with you:

Relative #1:

(First) (Middle Initial) (Last)

Address:

(Street) (Apartment # / Floor #)

(City) (State) (Zip Code)

Phone #: _____ Alternate #: _____

Relative #2:

(First) (Middle Initial) (Last)

Address:

(Street) (Apartment # / Floor #)

(City) (State) (Zip Code)

Phone #: _____ Alternate #: _____

Relative #3:

(First) (Middle Initial) (Last)

Address:

(Street) (Apartment # / Floor #)

(City) (State) (Zip Code)

Phone #: _____ Alternate #: _____

Name the person who will safeguard your firearm(s) in the event of your death or disability:

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Street) (Apartment # / Floor #)

(City) (State) (Zip Code)

Relation to you : _____ Date of Birth: _____ Email Address: _____

Driver's License # & State: _____

Pistol Permit # & State (if applicable): _____

Phone #: _____ Alternate #: _____

What is the address the firearm(s) will be stored (if address is the same as home just put HOME):

(Street) (Apartment # / Floor #)

(City) (State) (Zip Code)

Please read and answer the following questions carefully:

1. Are you engaged in any alternate business enterprise, employment, profession or occupation, other than that which is listed on page one of this form? Yes No
2. Have you ever served in the armed forces of the United States or of any country? Yes No
3. Have you ever been discharged from or fired from any employment? Yes No
4. Have you ever been the subject of any employment related or military related disciplinary action? Yes No
5. Have you ever sought or undergone treatment for alcohol or drug use? Yes No
6. Do you regularly use medications that may cause drowsiness, impairment, or which are classified as a narcotic or as a tranquilizer? Yes No
7. Have you ever suffered from, sought treatment for, or been treated for any form of mental illness or depression, or any related disease or condition? Yes No
8. Do you suffer from any physical defect that might interfere with the safe handling of a firearm? Yes No
9. Have you ever applied for or held a firearm license in New York State or in any other state of the United States or in any foreign country? Yes No
10. Have you ever been arrested for or charged with any crime in any state of the United States or in any foreign country, including cases that were dismissed, sealed or adjudicated to petty offense or youthful offender status? Yes No
11. Do you currently have, or have you ever had, an Order of Protection issued against you by any person? Yes No
12. Do you currently have, or have you ever had, an Order of Protection issued by you against any other person? Yes No
13. Do you have prior experience with firearm(s), or have you previously received instruction in the use of firearms? Yes No