

Gold Shield Training Center's New York City Firearms License Questionnaire

Applying for: ___ Pistol ___ Rifle/Shotgun ___ Both Licenses ___ Personal Service
 \$1,200.00 \$700.00 \$1,500.00 \$2,500.00 / \$3,000.00

Please COMPLETELY fill out ALL the following information:

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

Address: _____ Apt: _____

City, State, Zip Code: _____

Citizen of United States _____ Alien: _____ (If Alien) Registration #: _____

Email Address (write neat and clear): _____
 (Please note that the email address will also be your user ID on the NYPD Web Site)

Social Security #: _____ Resident Precinct: _____

Home Phone #: _____ Cell Phone #: _____

Place of Birth: _____ Date of Birth: _____

Height: ___' ___ Weight: _____ Sex: ___ Hair Color: _____ Eye Color: _____

List all PREVIOUS RESIDENCE in the past 5 Years starting with most recent:

From Mo/Year	To	Address, City, State, Zip Code	Resident Precinct
/	Present	SAME ADDRESS LISTED ABOVE	
/	/		
/	/		

Current Employment Information:

Date of Hire: _____ Business Precinct: _____

Name of "Present" Employer: _____

Type of Business: _____ Occupation: _____ Phone #: _____

Business Address: _____

Business City, State, Zip: _____

List all PREVIOUS EMPLOYMENT in the past 5 Years starting with most recent:

From	To	Address, City, State, Zip Code	Occupation	Business Precinct
/	/			
/	/			
/	/			

How and where will the handgun be safeguarded when not in use?

Who will safeguard the handgun in case of your death or disability? (NYS Residents Only)

Name: _____

(First)

(Middle)

(Last)

Address: _____ Apt: _____

City, State, Zip Code: _____

Home Phone #: _____ Cell Phone # _____

Email Address: _____ Relation to the Applicant: _____

Please check Yes or No to the following questions:

- Have you ever had a handgun license or rifle/shotgun license issued by any other licensing authority? Yes No
- Do you presently own any handguns or rifles or shotguns? If Yes, please list them on a separate paper Yes No
- Have you ever used any variation in the spelling of your name or have you ever used any other name (an alias)? Yes No
- Have you ever been discharged, fired or terminated from any employment? Yes No
- Have you ever been denied appointment to a position in a civil service system, Federal, State, or Local? Yes No
- Have you ever been rejected for military service? Yes No

PLEASE READ THIS DISCLOSURE:

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. Gold Shield Training Center is not liable should the application be disapproved by the New York City Police Department.

I understand that the application process with Gold Shield Training Center is nonrefundable and nontransferable. Should I cancel the process of obtaining a pistol / rifle / shotgun license, I understand that the amount paid to date is not reimbursed.

I understand that my deposit and all additional payments made to obtain a license is good for ONE YEAR from the date of this application. If I do not complete the process within one year then I forfeit my deposit and all additional payments after and my application will be considered abandoned and will be assumed cancelled. If I decide to continue the process of obtaining such license, additional fees may apply.

I understand that if additional letters are needed AFTER the application process has been completed and submitted to New York City Police Department, additional fees may apply. For example, if you were denied your license and you wish write a letter to ask for reconsideration OR if it is asked to provide an additional letter of explanation for an arrest or order of protection, additional fees may apply.

I understand that the New York City Police Department can change the licensing process and licensing fees at any moment. If there is an increase in the licensing fees, the applicant will be responsible for the difference. If there is a decrease in the licensing fees, the applicant will be reimbursed the difference.

I have read and understand the above.

Signature: _____ Date: _____

For Office Use Only:		
Deposit: \$ _____	Date: _____	Balance: \$ _____
Deposit: \$ _____	Date: _____	Balance: \$ _____
Deposit: \$ _____	Date: _____	Balance: \$ _____
Deposit: \$ _____	Date: _____	Balance: \$ _____