

List nearest relative NOT residing with you. If you DO NOT have a relative please write N/A:

Relative #1:

(First) (Middle Initial) (Last)

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

(City) (State) (Zip Code)

Phone #: _____ Alternate #: _____

Date of Birth: _____ Relation to You: _____

Name the person who will safeguard your firearm(s) in the event of your death or disability:
(the person must live in the United States and be over 21 years of age. He/she does NOT need a pistol license)

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

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

(City) (State) (Zip Code)

Relation to you: _____ Date of Birth: _____

Home #: _____ Cell #: _____

Please check off one or more that apply:

I am applying for a pistol permit for what reason(s):

- _____ Personal Protection
- _____ Recreational Use (Target, Hunting, Fishing, Camping, Hiking)
- _____ Armed Security Guard / Armored Car Guard
- _____ Retired / Retiring Law Enforcement
- _____ Business Owner / Business Related and want to carry a pistol for work purposes
- Other: (Please Describe): _____

Please read and answer ALL the following questions carefully:

1. Have you ever applied for or held a pistol license, firearm dealer license or gunsmith license in New York State or in any other state or in any foreign country? _____ Yes _____ No
2. Have you ever served in military of the United States or of a foreign country, or been rejected for military service? _____ Yes _____ No

3. Have you ever sought or undergone treatment for alcohol or drug use or been addicted to drugs or alcohol? ___ Yes ___ No
4. Have you ever suffered from, sought or undergone treatment for any form of mental illness, stress-related disorder or condition involving emotion or behavior control? ___ Yes ___ No
5. Have you EVER been arrested, indicted, summonsed or charged with ANY offense, other than parking violations, in any jurisdiction; federal, state, local, or foreign? This includes all cases dismissed, sealed or adjudicated to petty offense or youthful offender status? ___ Yes ___ No
6. Have you ever been a petitioner or respondent in a Family Court proceeding? ___ Yes ___ No
7. Have you ever had an Order of Protection issued for you or against you? ___ Yes ___ No
8. Do you presently use Marijuana or its derivatives or narcotics, controlled substances, tranquilizers or other medications that cause impairment? ___ Yes ___ No
9. Do you suffer from any disability or condition that may affect your ability to safely possess, use or safeguard a firearm? ___ Yes ___ No
10. Has anyone in your household ever been arrested for a felony or serious offense? ___ Yes ___ No
11. Has anyone in your household ever sought or undergone treatment for drug or alcohol use or been addicted to drugs or alcohol? ___ Yes ___ No
12. Has anyone in your household ever suffered from, sought or undergone treatment for any form of mental illness, stress-related disorder or condition involving emotion or behavior control? ___ Yes ___ No
13. Has anyone in your household ever had an Order of Protection issued for them or against them? ___ Yes ___ No
14. Are you aware of any circumstances in your life, family or household that could affect your ability to safely possess, use or safeguard a firearm? ___ Yes ___ No
15. Do you hold a current NYS Hunting License? (If yes please answer questions below) ___ Yes ___ No
 Where (specifically) do you go hunting: _____
 When do you go hunting / How often? _____
 What type of firearm will you use for hunting? (make/model/caliber) _____
 What type of game will you hunt with a firearm and at what range? _____
16. Are you a fugitive from justice? ___ Yes ___ No
17. Are you an unlawful user of or addicted to any controlled substance? ___ Yes ___ No

18. Are you an alien illegally or unlawfully in the United States? Yes No
19. 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
20. Have you been discharged from the Armed Forces under dishonorable conditions? Yes No
21. Have you ever renounced your United States citizenship? Yes No
22. Have you ever been involuntarily committed to a mental health facility? Yes No
23. Have you ever had a pistol / revolver license revoked? Yes No
24. 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
25. 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
26. Are you aware of any good cause for the denial of the license? Yes No
27. Are you prohibited from possessing firearms under the 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

Please read, understand, print and sign below:

I understand that I am applying for a license to obtain a handgun. I understand that Gold Shield Training Center and its instructors and Other Companies* is assisting me with the application process by typing the information I provide in this questionnaire onto the pistol permit application, taking passport photographs, notarizing the signatures of those that present identification while signing in front of the notary public, assisting you with writing an additional letter to explain any questions that require explanation, and offering photo copy services. I understand that Gold Shield Training Center does not “guarantee” approval of the pistol permit application as only the agency you are applying to can. If the applicant is denied for whatever reason, Gold Shield Training Center is not held liable. I understand that the amount paid to complete the class and/or application assistance is not refundable. By signing this questionnaire, I am stating that the information I provided is true to the best of my knowledge.

* RT Smoke N Gun Shop, Pioneer Shooting Center, RDT Security Ltd, Central Blvd Building Corp.

Print: _____

Signature: _____