

# Gold Shield Training Center's Firearms License Questionnaire

Please select one: ( ) Pistol / Revolver License ( ) Semi-Automatic Rifle License

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
(Street) (Apartment # / Floor #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Mailing Address if different from above: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Driver's License # / Non-Driver's Identification # & State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Birth (City/State or Country): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

Maiden Name/Alias Name: \_\_\_\_\_ Ethnicity (circle one): Hispanic or Non-Hispanic

Marital Status / Check One: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Please Check One: \_\_\_\_\_ Citizen by Birth  
\_\_\_\_\_ Naturalized Citizen Naturalization # \_\_\_\_\_  
\_\_\_\_\_ Resident Alien Alien Registration # \_\_\_\_\_

## **Please list all Previous Addresses for the past 10 years:**

Address #1: \_\_\_\_\_

Address #2: \_\_\_\_\_

Address #3: \_\_\_\_\_

Do Minors (17 years old and under) reside within your residence? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes ( ) Part Time / ( ) Full Time

## **Spouse / Domestic Partner Information:**

Full Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
(Street) (Apartment # / Floor #) (City/Town/Village) (State) (Zip Code)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to You: \_\_\_\_\_

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### **Please provide Adult's Information residing in your home INCLUDING Adult Children:**

1. Full Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Maiden Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Full Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Maiden Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Full Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Maiden Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Employer Information (If unemployed, list previous Employer):**

Name of Employer / Previous Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date Hired: \_\_\_\_\_ End Date: \_\_\_\_\_

### **Social Media Account Information:**

Please check ( ) if you DO NOT have any present / former Social Media Accounts.

Please List ALL User Names / Assumed Names on past and present accounts in the past three years:

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_ LinkedIn: \_\_\_\_\_

WhatsApp: \_\_\_\_\_ TikTok: \_\_\_\_\_

YouTube: \_\_\_\_\_ Snapchat: \_\_\_\_\_

Truth Social: \_\_\_\_\_ Pinterest: \_\_\_\_\_

Other Website: \_\_\_\_\_ User Name: \_\_\_\_\_

### **Please select ANY of the Training Course(s) you have successfully completed:**

( ) NRA Basic Pistol Safety Course Date Completed: \_\_\_\_\_

Instructor/School who issued Certification: \_\_\_\_\_

( ) 16 Hour Firearms Safety and Use Course Date Completed: \_\_\_\_\_

Instructor/School who issued Certification: \_\_\_\_\_

( ) 2 Hour Live Fire Certification Course Date Completed: \_\_\_\_\_

Instructor/School who issued Certification: \_\_\_\_\_

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## **Please Select One Type of License:**

Full Carry / Carry Concealed Weapons License      Full Carry / Retired / Retiring Law Enforcement  
 Premise Home License (Home only/Not to carry)      Premise Business License (Business Location Only/Not to carry)

## **Please read and answer ALL the following questions carefully:**

### **HAVE YOU EVER:**

1. Applied for or held a pistol, rifle, firearm dealer or gunsmith license anywhere?      Yes      No
2. Had any government-issued license denied, suspended or revoked?      Yes      No
3. Served in military of the USA or of a foreign country, or been rejected for military service?      Yes      No
4. Been arrested, summonsed charged with or investigated for ANY offense, other than parking violations, anywhere **(including dismissed & sealed cases)**      Yes      No
5. Been involved in significant conflict with another person / with a member of your household?      Yes      No
6. Promoted violence anywhere, including on any website or social media platform, using your actual name or assumed name?      Yes      No
7. Sought from or were treated for any form of mental illness, stress-related disorder or condition involving emotion or behavior control?      Yes      No
8. Attempted Suicide, or seriously considered attempting suicide?      Yes      No
9. Sought or obtained treatment for drug or alcohol use or were addicted to drugs or alcohol?      Yes      No
10. Been a petitioner or respondent in a Family Court proceeding?      Yes      No
11. Had an Order of Protection issued for you or against you?      Yes      No

### **DO YOU PRESENTLY:**

12. Use narcotics, controlled substances, marijuana or its derivatives or other substances illegally?      Yes      No
13. Suffer from any disability or condition that may affect your ability to safely possess, use or secure a firearm?      Yes      No

### **HAS ANYONE IN YOUR HOUSEHOLD:**

14. Been arrested, summonsed, charged with or investigated for any offense having as a factor: weapons, drugs, physical injury, force, aggression or threats **(including dismissed & sealed cases)**?      Yes      No
15. Been involved in significant conflict with another person / with a member of your household?      Yes      No
16. Promoted violence anywhere, on any website / social media, using your name / assumed name?      Yes      No
17. Suffered from or were treated for any form of mental illness, stress-related disorder or condition involving emotion or behavior control?      Yes      No
18. Attempted Suicide, or seriously considered attempting suicide?      Yes      No

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19. Sought or obtained treatment for drug or alcohol use or were addicted to drugs or alcohol?    \_\_\_ Yes    \_\_\_ No
20. Had an Order of Protection issued for them or against them?    \_\_\_ Yes    \_\_\_ No
21. Are you aware of any circumstance in your life, family or household that could affect your ability to safely possess, use or secure a firearm?    \_\_\_ Yes    \_\_\_ No
22. Are you a fugitive from justice?    \_\_\_ Yes    \_\_\_ No
23. Are you an unlawful user of or addicted to any controlled substance?    \_\_\_ Yes    \_\_\_ No
24. Are you an alien illegally or unlawfully in the United States?    \_\_\_ Yes    \_\_\_ No
25. 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
26. Have you been discharged from the Armed Forces under dishonorable conditions?    \_\_\_ Yes    \_\_\_ No
27. Have you ever renounced your United States citizenship?    \_\_\_ Yes    \_\_\_ No
28. Have you ever been involuntarily committed to a mental health facility?    \_\_\_ Yes    \_\_\_ No
29. Have you ever had a pistol / revolver / semi-automatic rifle license revoked?    \_\_\_ Yes    \_\_\_ No
30. 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
31. 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
32. Have you ever been convicted of Assault 3<sup>rd</sup>, Misdemeanor DWI, or Menacing 3<sup>rd</sup> within the previous five years?    \_\_\_ Yes    \_\_\_ No
33. 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 firearm. 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 firearms license application, taking passport photographs, notarizing the signatures of those that present identification while signing in front of the notary public, assistance 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 firearms license 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 Name: \_\_\_\_\_

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