

WESTCHESTER COUNTY
TIMOTHY C. IDONI
Westchester County Clerk

Bring or mail to:
Westchester County Clerk
Pistol Division – Room 340
110 Dr. Martin Luther King Jr. Blvd.
White Plains, New York 10601

PISTOL LICENSE RECERTIFICATION FORM

YOUR PERMIT LICENSE #

(ENTER IN BOX BELOW)

CHECK HERE IF YOU ARE A **RETIRED OFFICER (*)**

INSTRUCTIONS: Complete, notarize, sign and submit **2 originally signed forms (NO COPIES)** with a check or money order for the **required \$10.00 Recertification fee (*)** payable to the Westchester County Clerk. Mail forms and check to the address listed above.

1. **NAME:** _____ **DATE OF BIRTH:** _____

2. **NY DRIVER / NON-DRIVER LICENSE #:** **MUST INCLUDE** _____

3. **ADDRESS:** _____

4. **CITY/TOWN/VILLAGE:** _____ **STATE:** _____ **ZIP:** _____

5. **PHONE NUMBER (HOME):** _____ **(WORK)** _____

6. **THERE IS / ARE _____ GUN(S) LISTED ON THE BACK OF THIS FORM.**
I CONFIRM THAT THE LIST IS ACCURATE AND COMPLETE.

() Fee is waived for qualified **RETIRED police officers, uniformed court officers in the Unified Court System and correction officers.***

Signature of Pistol Licensee (**MUST SIGN IN FRONT OF NOTARY**)

Sworn to before me this _____ day of _____, 20_____

Notary Public

FOR OFFICE USE ONLY

RECERTIFICATION DATE: _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	DATE _____	COUNTY JUDGE _____
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7. THE FOLLOWING GUN(S) ARE CURRENTLY IN MY POSSESSION: MUST BE WRITTEN IN
(*ATTACH ADDITIONAL SHEETS IF NECESSARY*)

	MANUFACTURER	PISTOL/REV/ AUTO	MODEL	CALIBER	SERIAL #
1					
2					
3					
4					
5					
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