



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT**

ATTACHMENT:

OFFICE USE ONLY	
CASE#:	_____
PERMIT#:	_____
DET:	_____

Please refer to the Pistol Safety and Information Handbook for Westchester County when completing this form.

APPLICANT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Address: _____
STREET CITY STATE ZIP

Telephone (Home) _____ (Cell) _____

I require a firearm for the following reason(s):

APPLICANT NAME (PRINT)

APPLICANT NAME (SIGNATURE)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ YEAR _____

SIGNATURE OF NOTARY PUBLIC