



**WESTCHESTER COUNTY POLICE
PISTOL LICENSE UNIT**

ATTACHMENT: EMPLOYMENT

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) _____

What is the name, address and telephone number(s) of the business establishment that will be the subject of the employment carry firearm license:

Employer Name: _____ Type of Business: _____

Address: _____
STREET CITY STATE ZIP

Dates of Employment (From): _____ To: _____

Your Supervisor's Name: _____ Title: _____

Telephone (Work): _____ Fax (Work): _____

Fully describe your need for a firearm in connection with your business or employment:
