



**WESTCHESTER COUNTY POLICE  
PISTOL LICENSE UNIT**

**ATTACHMENT:  
ANTIQUÉ PISTOL COLLECTION**

**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): \_\_\_\_\_

**Please explain your interest in the collection of antique pistols:**

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**If you will be collecting antique pistols as part of a business, complete the below listed information:**

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**What type and quantity of antique pistols do you intend to collect:**

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**List any other factors which you believe to be relevant to your application:**

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\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
APPLICANT NAME (SIGNATURE)

STATE OF NEW YORK                    )  
COUNTY OF WESTCHESTER         )

SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC