



WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

ATTACHMENT: FULL CARRY – RETIRED LAW ENFORCEMENT

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) _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. I am a retired or retiring <u>Police Officer</u> , as defined by New York State Criminal Procedure Law §1.20-34 and I regularly carried and qualified with a firearm as part of my official duties: | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am a retired or retiring <u>Peace Officer</u> , as defined by New York State Criminal Procedure Law §2.10 and I regularly carried and qualified with a firearm as part of my official duties: | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am a retired or retiring <u>Federal Law Enforcement Officer</u> , as defined By New York State Criminal Procedure Law §2.15 and I regularly carried and qualified with a firearm as part of my official duties: | <input type="checkbox"/> | <input type="checkbox"/> |

AGENCY / EMPLOYER INFORMATION:

Agency Name: _____ Agency Telephone: _____

Address: _____
STREET CITY STATE ZIP

Supervisor's Name/ Title: _____

Dates Worked (From): _____ (To): _____

Type of Firearm Carried During Employment: _____

List any other factors that you believe are relevant to your application:

NOTE: Applicant must submit a letter from his/her former agency on agency letterhead and signed by the agency head or other suitable ranking official establishing the applicant’s: 1) status as a retired or retiring police officer, peace officer or federal law enforcement officer, and 2) dates of employment and retirement date or expected retirement date, and 3) good standing during employment and satisfactory assignment with a firearm.

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