



Westchester County Police

Pistol License Unit

Background Investigation Worksheet

OFFICE USE ONLY

CASE#: _____

DET: _____

Please answer the following questions. Do not leave any question blank. If any question does not apply, write N/A. Attach additional sheets if necessary. False statements anywhere on this form are grounds for license denial; Penal Law §400.00(1)(o).

APPLICANT INFORMATION:

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

Address: _____
STREET C/T/V STATE ZIP

Birth Date: _____ Sex: _____ Social Security#: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Place of Birth: _____ E-Mail: _____

Telephone (Cell): _____ Tel. Home: _____

Driver License/Non-Driver ID #: _____ State: _____

Other Names You Have Used: _____

Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Citizenship:

☐ Citizen by Birth

☐ Naturalized Citizen

☐ Resident Alien

Naturalization Number: _____

Alien Registration Number: _____

List Previous Home Addresses:

STREET	C/T/V	STATE	ZIP	FROM	TO
STREET	C/T/V	STATE	ZIP	FROM	TO
STREET	C/T/V	STATE	ZIP	FROM	TO

Employment Information (if unemployed, list previous employer):

Employer Name: _____

Address: _____
STREET C/T/V STATE ZIP

Occupation: _____ Your Job Title: _____

Telephone: _____ Employed (From): _____ To: _____

Spouse or domestic partner:

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

DOB: _____ Age: _____ Relation to you: _____

Telephone (Cell): _____ Email: _____

Adults living in the residence (including adult children):

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

DOB: _____ Age: _____ Relation to you: _____

Telephone (Cell): _____ Email: _____

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

DOB:_____ Age: _____ Relation to you:_____

Telephone (Cell):_____ Email:_____

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

DOB:_____ Age: _____ Relation to you:_____

Telephone (Cell):_____ Email:_____

Have you successfully completed a 18-hour firearms safety and use course? (Penal Law §400.00(19))

☐ Yes ☐ No (Attach course certificate or explain below)

How and where will firearm(s) be secured when not in use?

(Laws of Westchester, Chapter 527, Gun Safety)

Do you have any current or former social media accounts during the past three years? Include accounts that are in your name or an assumed name.

(Penal Law §400.00(1)(o)(iv))

☐ Yes ☐ No

If yes, list the websites, the name(s) and user name(s) that you use or have used:

Please answer the following questions. If any answer is YES, attach a detailed, notarized letter of explanation and copies of any related documents, e.g. arrest disposition, incident reports, etc. False statements are grounds for license denial.

HAVE YOU EVER:

1. Applied for or held a pistol, rifle, firearm dealer or gunsmith license anywhere?... ☐ Yes ☐ No
2. Had any government-issued license denied, suspended or revoked?..... ☐ Yes ☐ No
3. Served in the military of the United States or a foreign country, or been rejected for military service?..... ☐ Yes ☐ No
4. Been arrested, summonsed, charged with or investigated for ANY offense, other than parking violations, anywhere (**including dismissed & sealed cases**)?.. ☐ Yes ☐ No
5. Been involved in significant conflict with another person, or with a member of your household?..... ☐ Yes ☐ No
6. Promoted violence anywhere, including on any website or social media platform, using your actual name or an assumed name?..... ☐ Yes ☐ No
7. Suffered from or were treated for any form of mental illness, stress-related disorder or condition involving emotion or behavior control?..... ☐ Yes ☐ No
8. Attempted suicide, or seriously considered attempting suicide?..... ☐ Yes ☐ No
9. Sought or obtained treatment for drug or alcohol use or were addicted to drugs or alcohol?..... ☐ Yes ☐ No
10. Been a petitioner or respondent in a Family Court proceeding?..... ☐ Yes ☐ No
11. Had an Order of Protection issued for you or against you?..... ☐ Yes ☐ No

DO YOU PRESENTLY:

12. Use narcotics, controlled substances, marijuana or its derivatives or other substances illegally?..... ☐ Yes ☐ No
13. Suffer from any disability or condition that may affect your ability to safely possess, use or secure a firearm?..... ☐ Yes ☐ No

HAS ANYONE IN YOUR HOUSEHOLD EVER:

14. Been arrested, summonsed, charged with or investigated for any offense having as a factor: weapons, drugs, physical injury, force, aggression or threats (**including dismissed & sealed cases**)?..... ☐ Yes ☐ No
15. Been involved in significant conflict with another person, or with a member of your household?..... ☐ Yes ☐ No
16. Promoted violence anywhere, including on any website or social media platform, using your actual name or an assumed name?..... ☐ Yes ☐ No
17. Suffered from or were treated for any form of mental illness, stress-related disorder or condition involving emotion or behavior control?..... ☐ Yes ☐ No

18. Attempted suicide, or seriously considered attempting suicide?..... ☐ Yes ☐ No
19. Sought or obtained treatment for drug or alcohol use or were addicted to drugs or alcohol?..... ☐ Yes ☐ No
20. Had an Order of Protection issued for them or against them?..... ☐ Yes ☐ No

ARE YOU AWARE OF:

21. Any circumstance in your life, family or household that could affect your ability to safely possess, use or secure a firearm?..... ☐ Yes ☐ No

Applicant Name (Print)

Applicant Name (Sign)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER)

Subscribed and Sworn to Before Me This: _____

Day of: _____ Year: _____

NOTARY PUBLIC SIGNATURE