

WESTCHESTER COUNTY
TIMOTHY C. IDONI
Westchester County Clerk

Bring or mail to:
Westchester County Clerk
Licensing Division – Room 340
110 Dr. Martin Luther King Jr. Blvd.
White Plains, New York 10601

PISTOL LICENSE RECERTIFICATION FORM

YOUR PERMIT LICENSE #

(ENTER IN BOX BELOW)

☐ **CHECK HERE IF YOU ARE A RETIRED OFFICER (*)**

INSTRUCTIONS: Complete, sign and submit **2** **originally signed forms (NO COPIES)** with a check or money order for the **required \$10.00 Recertification fee** (*) payable to the Westchester County Clerk. Mail forms and check to the address listed above.

1. NAME: _____ DATE OF BIRTH: _____
2. NY DRIVER / NON-DRIVER LICENSE #: **MUST INCLUDE** _____
3. ADDRESS: _____
4. CITY/TOWN/VILLAGE: _____ STATE: _____ ZIP: _____
5. PHONE NUMBER (HOME): _____ (WORK) _____
6. THERE IS / ARE _____ GUN(S) LISTED ON THE BACK OF THIS FORM.
I CONFIRM THAT THE LIST IS ACCURATE AND COMPLETE.

(*) *Fee is waived for qualified **RETIRED** police officers, uniformed court officers in the Unified Court System and correction officers.*

I certify that the information provided on both sides of this form is correct. I also hereby affirm that, to the best of my knowledge, I am not prohibited from possessing firearms. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal penalties, my pistol / revolver license may be revoked, and any request for public records exemption shall become null and void.

Signature of Pistol Licensee

FOR OFFICE USE ONLY

RECERTIFICATION DATE: _____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	DATE	COUNTY JUDGE
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7. THE FOLLOWING GUN(S) ARE CURRENTLY IN MY POSSESSION: MUST BE WRITTEN IN
(*ATTACH ADDITIONAL SHEETS IF NECESSARY*)

	MANUFACTURER	PISTOL/REV/ AUTO	MODEL	CALIBER	SERIAL #
1					
2					
3					
4					
5					
6					
7					
8					
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