

## **WESTCHESTER COUNTY PISTOL PERMIT APPLICATION SUBMITTING INSTRUCTIONS**

The following **MUST** be submitted with your Pistol License Application:

1. A \$87.00 criminal background check fee **MUST** be paid by money order only made payable to **COUNTY OF WESTCHESTER**.
2. New York State Police Form PPB-3 (submit two original - no copies), Background Investigation Worksheet, Penal Law §400.00(18) Receipt of Notifications, Authorization for Release of Personal Information, Request for Records Check and any other applicable form(s).
3. New York State Driver's License / NYS Non Driver's ID card which must display your current address.
4. Birth Certificate or U.S. Passport. If naturalized citizen, your Naturalization Certificate. If legal resident alien, your Alien Registration Card.
5. Two (2) Passport Size Photo's which must have been taken recently. The photos can be taken at the County Clerk's Office for a fee.
6. Proof of Residence – Voter Registration or Utility Bill (Electric, Cable, Water, etc.) in your name. If the utility bill is not in your name submit the "Proof of Residency Not in Your Name" form, signed and notarized by the person listed on the utility bill. A copy of that person's utility bill must also be submitted.
7. Proof of firearms training showing that you have taken the required 16-hour firearm safety and use course (Penal Law §400.00(19)).
8. Applicants must own a firearm before a firearm license can be issued. Acceptable proof of firearm ownership:
  - (a) Receipt from firearms dealer in your name (conditional on approval of license) showing the make, model and serial number of the firearm.
  - (b) Co-owner statement and copy of their Pistol License.
  - (c) New York State Police C-Form.

**Please have all your documents Notarized prior to your appointment.**



**State of New York**  
Pistol/Revolver License Application  
Semi-Automatic Rifle License Application

**THIS SECTION TO BE COMPLETED BY LICENSING OFFICE**

NYSID #	License #	County of Issue
		Westchester County
Date of Issue	Expiration Date	

*In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.*

**Personal Information**

Last Name		First Name		Middle Name		Suffix	
Street Name (Physical Address)				Apt #	City		State Zip
Mailing Address (If Different than Physical)				Apt #	City		State Zip
Sex:	DOB:	Height: ft in	Weight:	Hair:	Eyes:		
Social Security Number:		Ethnicity:		Race:		Citizen of U.S.	
NY Driver's License # (or Non-Driver ID)		Primary Phone #		Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business			
Business Address				Apt #	City		State Zip
I hereby apply for a Pistol/Revolver License to: (Check only one)      Carry Concealed      *Possess on Premises      *Possess/Carry During Employment (*) Premise Address or Employer Name and Address must be provided below:							
Employer Name (If Carry During Employment)		Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)					
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No)      Yes      No							
Give four character references who by their signature attest to your good moral character:							
Last, First, MI		Street Address (Street #, Name, Apartment #, City, State, Zip Code)				Signature	

**State of New York**  
Pistol/Revolver License Application  
Semi-Automatic Rifle License Application

**Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**
**CURRENT MARRIAGE OR RELATIONSHIP**

What is the Applicant's current relationship status?

If applicable, provide the requested information regarding the Applicant's current relationship below.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Do minors reside within the residence?      Yes      No      If, yes:      Part Time      Full Time

**ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN**

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

**State of New York**  
Pistol/Revolver License Application  
Semi-Automatic Rifle License Application

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?

Sealed arrests must be included. \*Refer to Executive Law §296(16)

Yes		No		If yes, furnish the following information:	
Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice? Yes      No

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? Yes      No

Are you an alien illegally or unlawfully in the United States? Yes      No

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? Yes      No

Have you been discharged from the Armed Forces under dishonorable conditions? Yes      No

Have you ever renounced your United States citizenship? Yes      No

Have you ever suffered any mental illness? Yes      No

Have you ever been involuntarily committed to a mental health facility? Yes      No

Have you ever had a pistol / revolver / semi-automatic rifle license revoked? Yes      No

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act? Yes      No

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs? Yes      No

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?  
*\*THIS QUESTION ONLY APPLIES TO CARRY CONCEALED* Yes      No

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year? Yes      No

If the answer to any of the questions above is YES, explain here:

*For applicants under twenty-one years of age only:*

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York? Yes      No

# State of New York

## Pistol/Revolver License Application Semi-Automatic Rifle License Application

**Photograph  
Of Applicant  
Taken Within 30 Days**

\_\_\_\_\_

**Full Face Only**

**Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:**

1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

**Jurat:**

**Signed and sworn to me before**

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

at \_\_\_\_\_, New York

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Officer Administering Oath

\_\_\_\_\_  
Title of Officer

**APPLICATION NOT VALID UNLESS SWORN**

**Fingerprints submitted electronically by:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization Westchester County Police Dept.

Date Submitted \_\_\_\_\_

**Investigation Report – All information provided by this applicant has been verified:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization Westchester County Police Dept.

\_\_\_\_\_  
Signature of Investigating Officer

**This application is            Approved            Disapproved            The following restriction(s) is (are) applicable to this license:**

\_\_\_\_\_  
Title and Signature of Licensing Officer

**If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:**

**\*\*\*List handguns only, do not list semi-automatic rifles.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of

**Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.**

This form is approved by Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

**State of New York**  
Pistol/Revolver License Application  
Semi-Automatic Rifle License Application

**THIS SECTION TO BE COMPLETED BY LICENSING OFFICE**

NYSID #	License #	County of Issue
		Westchester County
Date of Issue	Expiration Date	

*In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.*

**Personal Information**

Last Name		First Name		Middle Name		Suffix	
Street Name (Physical Address)				Apt #	City		State Zip
Mailing Address (If Different than Physical)				Apt #	City		State Zip
Sex:	DOB:	Height: ft in	Weight:	Hair:	Eyes:		
Social Security Number:		Ethnicity:		Race:		Citizen of U.S.	
NY Driver's License # (or Non-Driver ID)		Primary Phone #		Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business			
Business Address				Apt #	City		State Zip
I hereby apply for a Pistol/Revolver License to: (Check only one)      Carry Concealed      *Possess on Premises      *Possess/Carry During Employment (*) Premise Address or Employer Name and Address must be provided below:							
Employer Name (If Carry During Employment)		Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)					
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No)      Yes      No							
Give four character references who by their signature attest to your good moral character:							
Last, First, MI		Street Address (Street #, Name, Apartment #, City, State, Zip Code)				Signature	

Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED				
CURRENT MARRIAGE OR RELATIONSHIP				
What is the Applicant's current relationship status?				
If applicable, provide the requested information regarding the Applicant's <u>current</u> relationship below.				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Do minors reside within the residence?				
Yes	No	If, yes:	Part Time	Full Time
ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				



**State of New York**  
Pistol/Revolver License Application  
Semi-Automatic Rifle License Application

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?  
Sealed arrests must be included. \*Refer to Executive Law §296(16)

Yes		No		If yes, furnish the following information:	
Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice? Yes      No

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? Yes      No

Are you an alien illegally or unlawfully in the United States? Yes      No

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? Yes      No

Have you been discharged from the Armed Forces under dishonorable conditions? Yes      No

Have you ever renounced your United States citizenship? Yes      No

Have you ever suffered any mental illness? Yes      No

Have you ever been involuntarily committed to a mental health facility? Yes      No

Have you ever had a pistol / revolver / semi-automatic rifle license revoked? Yes      No

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act? Yes      No

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs? Yes      No

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?  
\*THIS QUESTION ONLY APPLIES TO CARRY CONCEALED Yes      No

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year? Yes      No

If the answer to any of the questions above is YES, explain here:

*For applicants under twenty-one years of age only:*

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York? Yes      No

# State of New York

## Pistol/Revolver License Application Semi-Automatic Rifle License Application

**Photograph  
Of Applicant  
Taken Within 30 Days**

\_\_\_\_\_

**Full Face Only**

**Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:**

1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

**Jurat:**

**Signed and sworn to me before**

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

at \_\_\_\_\_, New York

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Officer Administering Oath

\_\_\_\_\_  
Title of Officer

**APPLICATION NOT VALID UNLESS SWORN**

**Fingerprints submitted electronically by:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization Westchester County Police Dept.

Date Submitted \_\_\_\_\_

**Investigation Report – All information provided by this applicant has been verified:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization Westchester County Police Dept.

\_\_\_\_\_  
Signature of Investigating Officer

**This application is            Approved            Disapproved            The following restriction(s) is (are) applicable to this license:**

\_\_\_\_\_  
Title and Signature of Licensing Officer

**If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:**

**\*\*\*List handguns only, do not list semi-automatic rifles.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of

**Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.**

This form is approved by Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.



**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: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lb Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Born (City & State) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone (Primary): \_\_\_\_\_ Telephone (Secondary) \_\_\_\_\_

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)

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**How and where will firearm(s) be secured when not in use?**  
(Laws of Westchester, Chapter 527, Gun Safety)

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**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







# WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

## CHARACTER REFERENCE LETTER

<b>OFFICE USE ONLY</b>	1.
CASE#:	_____
DET:	_____

### PISTOL LICENSE APPLICANT:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

### THIS SECTION TO BE COMPLETED BY THE CHARACTER REFEREE:

Notice: You are unsuitable as a character referee if you are related to the applicant by blood or marriage.  
A maximum of one member of any family or household may serve as a character referee.

Referee Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

Date of Birth: \_\_\_\_\_ Social Security # (last four digits): \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

**How do you know the applicant and for how long? Explain.**

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**How often do you interact with the applicant in person? Explain.**

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**HAS THE APPLICANT EVER:**

**Been arrested, had negative contacts with the criminal justice system, or had adverse incidents in his/her lifetime? If yes, explain.**

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**Been involved in significant conflict with another person, or with a member of his/her household? If yes, explain.**

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**Promoted violence anywhere, including on any website or social media platform, using his/her actual name or an assumed name? If yes, explain.**

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**Acted in a way that is aggressive, threatening, violent or abnormal? If yes, explain.**

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**Acted in a way that suggests mental illness, stress-related condition or emotion or behavior control condition? If yes, explain.**

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**Used narcotics, controlled substances, marijuana, medications or other substances illegally?  
If yes, explain.**

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**Sought or obtained treatment for drug or alcohol use or abused drugs or alcohol? If yes, explain.**

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**IN YOUR OPINION:**

**Does the applicant have the temperament and judgement necessary to be entrusted with a firearm and to use it only in a manner that does not endanger anyone? Explain.**

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\_\_\_\_\_  
Referee Name (Print)

\_\_\_\_\_  
Referee Name (Sign)

STATE OF NEW YORK            )  
COUNTY OF WESTCHESTER    )

Subscribed and Sworn to Before Me This: \_\_\_\_\_

Day of: \_\_\_\_\_ Year: \_\_\_\_\_

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





**WESTCHESTER COUNTY POLICE  
PISTOL LICENSE UNIT**

**CHARACTER REFERENCE LETTER**

OFFICE USE ONLY 2.

CASE#: \_\_\_\_\_

DET: \_\_\_\_\_

**PISTOL LICENSE APPLICANT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

**THIS SECTION TO BE COMPLETED BY THE CHARACTER REFEREE:**

Notice: You are unsuitable as a character referee if you are related to the applicant by blood or marriage.  
A maximum of one member of any family or household may serve as a character referee.

Referee Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

Date of Birth: \_\_\_\_\_ Social Security # (last four digits): \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

**How do you know the applicant and for how long? Explain.**

---

---

---

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**How often do you interact with the applicant in person? Explain.**

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**HAS THE APPLICANT EVER:**

**Been arrested, had negative contacts with the criminal justice system, or had adverse incidents in his/her lifetime? If yes, explain.**

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**Been involved in significant conflict with another person, or with a member of his/her household? If yes, explain.**

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**Promoted violence anywhere, including on any website or social media platform, using his/her actual name or an assumed name? If yes, explain.**

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If yes, explain.**

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**IN YOUR OPINION:**

**Does the applicant have the temperament and judgement necessary to be entrusted with a firearm and to use it only in a manner that does not endanger anyone? Explain.**

---



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---

Referee Name (Print)

---

Referee Name (Sign)

STATE OF NEW YORK            )  
COUNTY OF WESTCHESTER    )

Subscribed and Sworn to Before Me This: \_\_\_\_\_

Day of: \_\_\_\_\_ Year: \_\_\_\_\_

---

NOTARY PUBLIC SIGNATURE







# WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

## CHARACTER REFERENCE LETTER

<b>OFFICE USE ONLY</b>	3.
CASE#: _____	
DET: _____	

### PISTOL LICENSE APPLICANT:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

### THIS SECTION TO BE COMPLETED BY THE CHARACTER REFEREE:

Notice: You are unsuitable as a character referee if you are related to the applicant by blood or marriage.  
A maximum of one member of any family or household may serve as a character referee.

Referee Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

Date of Birth: \_\_\_\_\_ Social Security # (last four digits): \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

**How do you know the applicant and for how long? Explain.**

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**How often do you interact with the applicant in person? Explain.**

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**HAS THE APPLICANT EVER:**

**Been arrested, had negative contacts with the criminal justice system, or had adverse incidents in his/her lifetime? If yes, explain.**

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---

**Been involved in significant conflict with another person, or with a member of his/her household? If yes, explain.**

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---

**Promoted violence anywhere, including on any website or social media platform, using his/her actual name or an assumed name? If yes, explain.**

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**Acted in a way that is aggressive, threatening, violent or abnormal? If yes, explain.**

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**Acted in a way that suggests mental illness, stress-related condition or emotion or behavior control condition? If yes, explain.**

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**Used narcotics, controlled substances, marijuana, medications or other substances illegally?  
If yes, explain.**

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**Sought or obtained treatment for drug or alcohol use or abused drugs or alcohol? If yes, explain.**

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**IN YOUR OPINION:**

**Does the applicant have the temperament and judgement necessary to be entrusted with a firearm and to use it only in a manner that does not endanger anyone? Explain.**

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Referee Name (Print)

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Referee Name (Sign)

STATE OF NEW YORK                    )  
COUNTY OF WESTCHESTER        )

Subscribed and Sworn to Before Me This: \_\_\_\_\_

Day of: \_\_\_\_\_ Year: \_\_\_\_\_

---

NOTARY PUBLIC SIGNATURE





# WESTCHESTER COUNTY POLICE PISTOL LICENSE UNIT

## CHARACTER REFERENCE LETTER

OFFICE USE ONLY

4.

CASE#: \_\_\_\_\_

DET: \_\_\_\_\_

### PISTOL LICENSE APPLICANT:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

### THIS SECTION TO BE COMPLETED BY THE CHARACTER REFEREE:

Notice: You are unsuitable as a character referee if you are related to the applicant by blood or marriage.  
A maximum of one member of any family or household may serve as a character referee.

Referee Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

Date of Birth: \_\_\_\_\_ Social Security # (last four digits): \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
STREET C/T/V STATE ZIP

**How do you know the applicant and for how long? Explain.**

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**How often do you interact with the applicant in person? Explain.**

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**HAS THE APPLICANT EVER:**

**Been arrested, had negative contacts with the criminal justice system, or had adverse incidents in his/her lifetime? If yes, explain.**

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**Been involved in significant conflict with another person, or with a member of his/her household? If yes, explain.**

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---

**Promoted violence anywhere, including on any website or social media platform, using his/her actual name or an assumed name? If yes, explain.**

---

---

**Acted in a way that is aggressive, threatening, violent or abnormal? If yes, explain.**

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---

**Acted in a way that suggests mental illness, stress-related condition or emotion or behavior control condition? If yes, explain.**

---

---

**Used narcotics, controlled substances, marijuana, medications or other substances illegally?  
If yes, explain.**

---



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**Sought or obtained treatment for drug or alcohol use or abused drugs or alcohol? If yes, explain.**

---



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**IN YOUR OPINION:**

**Does the applicant have the temperament and judgement necessary to be entrusted with a firearm and to use it only in a manner that does not endanger anyone? Explain.**

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Referee Name (Print)

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Referee Name (Sign)

STATE OF NEW YORK                    )  
COUNTY OF WESTCHESTER        )

Subscribed and Sworn to Before Me This: \_\_\_\_\_

Day of: \_\_\_\_\_ Year: \_\_\_\_\_

---

NOTARY PUBLIC SIGNATURE







Kenneth W. Jenkins  
County Executive

Department of Public Safety

Terrance Raynor  
Commissioner-Sheriff

OFFICE USE ONLY:

Case #: \_\_\_\_\_

Detective: \_\_\_\_\_ @WestchesterCountyNY.gov

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize and grant full disclosure of all records concerning myself to the Westchester County Department of Public Safety, regardless of whether such records are public, private, sealed or confidential.

The intent of this authorization is to grant my consent to full and complete disclosure of any and all records concerning myself. This includes, but is not limited to, records pertaining to crimes and offenses, my education, medical, mental health and/or psychiatric history and treatment, records of the United States Armed Forces or military, records related to my past or current employment and pre-employment, including background reports, efficiency ratings, evaluations, complaints or grievances filed by or against me, and records of my activity on the Internet and on social media using my name or an assumed name.

I certify that any person or agency who may furnish any such information concerning myself shall not be held liable or accountable for providing this information and I hereby release any such person or agency from any and all liability on account of having provided such information. I further release the Westchester County Department of Public Safety and its individual employees from any and all liability on account of having collected, used or disseminated such information.

A PHOTO-COPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH SAID PHOTO-COPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of this Authorization for Release of Personal Information.

\_\_\_\_\_  
Person Authorizing Release of Information (signature)

STATE OF NEW YORK                    )  
COUNTY OF WESTCHESTER        )

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

Department of Public Safety  
Pistol License Unit  
110 Dr. Martin Luther King Jr. Blvd, 3<sup>rd</sup> Fl.  
White Plains, NY 10601  
Telephone: (914) 995-2709  
Website: westchestergov.com

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







Kenneth W. Jenkins  
County Executive

Department of Public Safety

Terrance Raynor  
Commissioner-Sheriff

OFFICE USE ONLY:

Case #: \_\_\_\_\_

Detective: \_\_\_\_\_

Email: \_\_\_\_\_@WestchesterCountyNY.gov

## REQUEST FOR RECORDS CHECK

To: \_\_\_\_\_

The below listed person has applied to Westchester County for a pistol license. As per NYS Penal Law 400.00(4), a background investigation on the person is being conducted by this agency. Please search your records for any information on the named person. Pursuant to NYS Criminal Procedure Law section 160.50(1)(d)(iii), because the person is under investigation for a pistol license, all records are to be made available to this agency including any that were dismissed, sealed by the court or adjudicated youthful offender. **Please send us copies of all records in your possession by Fax at 914-995-6257 or by email at the above listed email address.** You may also reach us by telephone at 914-995-2709. Please include this form with your response.

- ☐ This agency does not possess any information on the below listed person.
- ☐ The agency is in possession of the following information on the below listed person.

Person completing records check:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICANT: PLEASE COMPLETE THE BELOW LISTED INFORMATION:

Name (Last): \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Other Names You Have Been Known By: \_\_\_\_\_

Department of Public Safety  
Pistol License Unit  
110 Dr. MLK Jr. Blvd, 3<sup>rd</sup> Fl.  
White Plains, NY 10601

Telephone: (914) 995-2709  
Website: westchestergov.com





## PROOF OF RESIDENCY NOT IN APPLICANT NAME

Date: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, do hereby state  
(Name)

that \_\_\_\_\_, who is my  
(Applicant)

\_\_\_\_\_, resides with me  
(Relation to Applicant)

at my address of \_\_\_\_\_.

Please see the attached copy of my utility bill: \_\_\_\_\_.  
(Utility Company)

I am also aware that \_\_\_\_\_ is applying for a pistol  
(Applicant)

permit in Westchester County and I approve if you were to grant him/her a pistol permit.

If you have any questions, please contact me at \_\_\_\_\_.  
(Telephone#)

Thank you,

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER )

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

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



## Statement of Firearms Co-Ownership

I \_\_\_\_\_,  
(Name / Firearms Owner)

Pistol Permit # \_\_\_\_\_ (attach copy of permit) intend for the purpose of pistol  
licensing to Co-Own the below listed firearms with \_\_\_\_\_,  
(Name / Firearms Co-Owner)

who is my spouse, domestic partner, child or step-child (circle one) and who is applying for (or currently  
holds) a pistol license. We reside together at the following address:

\_\_\_\_\_  
Street City State Zip

### **Firearms to be Co-Owned:**

<b>Make</b>	<b>Model</b>	<b>Caliber</b>	<b>Serial#</b>	<b>Semi-Auto/Rev</b>

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Co-Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Affidavit

## Receipt of Penal Law §400.00(18) Notifications

State of New York                 )  
County of Westchester         ) ss.:  
  )

I, \_\_\_\_\_, residing at  
APPLICANT / LICENSEE

STREET	CITY	STATE	ZIP
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do hereby attest to the receipt of the Penal Law §400.00(18) Notifications consisting of copies of New York State Penal Law sections 265.01-D and 265.01-E, notices pursuant to New York State Penal Law section 400.00(18)(b), Laws of Westchester County sections 527.61(2) and 529.21(a) setting forth firearm and long-gun safe storage requirements; the places where carrying a firearm is prohibited; the grounds upon which a firearm license can be revoked for carrying a firearm in prohibited places; and the document titled Pistol License Safety and Information Handbook for Westchester County setting forth licensing procedures and my responsibilities as a firearm licensee.

Applicant / Licensee Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

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SIGNATURE NOTARY PUBLIC



**CRIMINAL POSSESSION OF A FIREARM, RIFLE OR SHOTGUN IN A RESTRICTED LOCATION.** (New York State Penal Law §265.01-D)

A person is guilty of criminal possession of a weapon in a restricted location when such person possesses a firearm, rifle, or shotgun and enters into or remains on or in private property where such person knows or reasonably should know that the owner or lessee of such property has not permitted such possession by clear and conspicuous signage indicating that the carrying of firearms, rifles, or shotguns on their property is permitted or by otherwise giving express consent.

**This section shall not apply to:**

- a) police officers as defined in section 1.20 of the criminal procedure law;
- b) persons who are designated peace officers as defined in section 2.10 of the criminal procedure law;
- c) qualified law enforcement officers who are authorized to carry concealed firearms pursuant to 18 U.S.C. 926B, or qualified retired law enforcement officers who are authorized to carry concealed firearms pursuant to 18 U.S.C. 926C;
- d) security guards as defined by and registered under article seven-A of the general business law who has been granted a special armed registration card, while at the location of their employment and during their work hours as such a security guard;
- e) active-duty military personnel;
- f) persons licensed under paragraph (c), (d) or (e) of subdivision two of section 400.00 of this chapter while in the course of his or her official duties;
- g) persons while lawfully engaged in taking of wildlife or attempts to take wildlife pursuant to a hunting permit or license issued by the department of environmental conservation, or as otherwise authorized pursuant to section 11-0707 and 11-0709 of the environmental conservation law; or
- h) persons, while acting in the scope of their official duties, who are employed in the revenue control and security departments of the metropolitan transportation authority, or the New York city transit authority or an affiliate or subsidiary thereof, who are authorized to carry a firearm as part of their employment.

**Criminal possession of a weapon in a restricted location is a class E felony.**

**CRIMINAL POSSESSION OF A FIREARM, RIFLE OR SHOTGUN IN A SENSITIVE LOCATION** (New York State Penal Law §265.01-E)

A person is guilty of criminal possession of a firearm, rifle or shotgun in a sensitive location when such person possesses a firearm, rifle or shotgun in or upon a sensitive location, and such person knows or reasonably should know such location is a sensitive location.

For the purposes of this section, a sensitive location shall mean:

- a) any place owned or under the control of federal, state or local government, for the purpose of government administration, including courts;

- b) any location providing health, behavioral health, or chemical dependence care or services;
- c) any place of worship, except for those persons responsible for security at such place of worship;
- d) libraries, public playgrounds, public parks, and zoos, provided that for the purposes of this section a "public park" shall not include
  - i. any privately held land within a public park not dedicated to public use, or
  - ii. the forest preserve as defined in subdivision six of section 9-0101 of the environmental conservation law;
- e) the location of any program licensed, regulated, certified, funded, or approved by the office of children and family services that provides services to children, youth, or young adults, any legally exempt childcare provider; a childcare program for which a permit to operate such program has been issued by the department of health and mental hygiene pursuant to the health code of the city of New York;
- f) nursery schools, preschools, and summer camps; provided that for the purposes of this section, nothing shall prohibit the activity permitted under subdivisions seven-c, seven-d, and seven-e of section 265.20 of this article where such activity occurs at a summer camp in accordance with all applicable local, state, and federal laws, rules, and regulations;
- g) the location of any program licensed, regulated, certified, operated, or funded by the office for people with developmental disabilities;
- h) the location of any program licensed, regulated, certified, operated, or funded by office of addiction services and supports;
- i) the location of any program licensed, regulated, certified, operated, or funded by the office of mental health;
- j) the location of any program licensed, regulated, certified, operated, or funded by the office of temporary and disability assistance;
- k) homeless shelters, runaway homeless youth shelters, family shelters, shelters for adults, domestic violence shelters, and emergency shelters, and residential programs for victims of domestic violence;
- l) residential settings licensed, certified, regulated, funded, or operated by the department of health;
- m) in or upon any building or grounds, owned or leased, of any educational institutions, colleges and universities, licensed private career schools, school districts, public schools, private schools licensed under article one hundred one of the education law, charter schools, non-public schools, board of cooperative educational services, special act schools, preschool special education programs, private residential or non-residential schools for the education of students with disabilities, and any state-operated or state-supported schools;
- n) any place, conveyance, or vehicle used for public transportation or public transit, subway cars, train cars, buses, ferries, railroad omnibus, marine or aviation transportation; or any facility used for or in connection with service in the transportation of passengers, airports, train stations, subway and rail stations, and bus terminals;
- o) any establishment holding an active license for on-premise consumption pursuant to article four, four-A, five, or six of the alcoholic beverage control law where alcohol is

consumed and any establishment licensed under article four of the cannabis law for on-premise consumption;

- p) any place used for the performance, art entertainment, gaming, or sporting events such as theaters, stadiums, racetracks, museums, amusement parks, performance venues, concerts, exhibits, conference centers, banquet halls, and gaming facilities and video lottery terminal facilities as licensed by the gaming commission;
- q) any location being used as a polling place;
- r) any public sidewalk or other public area restricted from general public access for a limited time or special event that has been issued a permit or such time or event by a governmental entity, or subject to specific, heightened law enforcement protection, or has otherwise had such access restricted by a governmental entity, provided such location is identified as such by clear and conspicuous signage;
- s) any gathering of individuals to collectively express their constitutional rights to protest or assemble;
- t) the area commonly known as Times Square, as such area is determined and identified by the city of New York; provided such area shall be clearly and conspicuously identified with signage.

**This section shall not apply to:**

- (a) qualified law enforcement officers who are authorized to carry concealed firearms pursuant to 18 U.S.C 926B, or qualified retired law enforcement officers who are authorized to carry concealed firearms pursuant to 18 U.S.C. 926C;
- (b) persons who are police officers as defined in subdivision thirty-four of section 1.20 of the criminal procedure law;
- (c) persons who are designated peace officers by section 2.10 of the criminal procedure law;
- (d) persons who were employed as police officers as defined in subdivision thirty-four of section 1.20 of the criminal procedure law but are retired;
- (e) security guards as defined by and registered under article seven-A of the general business law, who have been granted a special armed registration card, while at the location of their employment and during their work hours as such a security guard;
- (f) active-duty military personnel;
- (g) persons licensed under paragraph (c), (d) or (e) of subdivision two of section 400.00 of this chapter while in the course of his or her official duties;
- (h) a government employee under the express written consent of such employee's supervising government entity for the purposes of natural resource protection and management;
- (i) persons while lawfully engaged in taking of wildlife or attempts to take wildlife pursuant to a hunting permit or license issued by the department of environmental conservation, or as otherwise authorized pursuant to the environmental conservation law, and persons while lawfully engaged in hunter education training, marksmanship practice, marksmanship competition or training, or training in the safe handling and use of firearms, in accordance with all applicable local, state, and federal laws, rules, and regulations;
- (j) persons operating a program in a sensitive location out of their residence, which is licensed, certified, authorized, or funded by the state or a municipality, so long as such possession is in compliance with any rules or regulations applicable to the operation of such program and use or storage of firearms;
- (k) persons, while acting in the scope of their official duties, who are employed in the revenue control and security departments of the metropolitan transportation authority, or the New York city transit authority or an affiliate or subsidiary thereof, who are authorized to carry a firearm as part of their employment;

- (l) persons while lawfully engaged in historical reenactments, educational programming involving historical weapons of warfare, or motion picture or theatrical productions, in accordance with all applicable local, state, and federal laws, rules and regulations;
- (m) persons, while acting within the scope of their official duties, who are responsible for the storage or display of antique firearms, rifles or shotguns at museums and historic sites;
- (n) persons while participating in military ceremonies, funerals, and honor guards; or
- (o) persons while lawfully engaging in learning, practicing, training for, competing in, or travelling into or within the state to learn, practice, train for, or compete in, the sport of biathlon, in accordance with all applicable local, state, and federal laws, rules, and regulations.

**Criminal possession of a firearm, rifle or shotgun in a sensitive location is a class E felony.**

**WARNING:  
RESPONSIBLE FIREARM STORAGE IS THE LAW  
IN NEW YORK STATE\***

**WHEN STORED IN A HOME FIREARMS, RIFLES, OR SHOTGUNS MUST EITHER BE STORED WITH A GUN LOCKING DEVICE OR IN A SAFE STORAGE DEPOSITORY OR NOT BE LEFT OUTSIDE THE IMMEDIATE POSSESSION AND CONTROL OF THE OWNER OR OTHER LAWFUL POSSESSOR IF A CHILD UNDER THE AGE OF EIGHTEEN RESIDES IN THE HOME OR IS PRESENT, OR IF THE OWNER OR POSSESSOR RESIDES WITH A PERSON PROHIBITED FROM POSSESSING A FIREARM UNDER STATE OR FEDERAL LAW. FIREARMS SHOULD BE STORED BY REMOVING THE AMMUNITION FROM AND SECURELY LOCKING SUCH FIREARM IN A LOCATION SEPARATE FROM AMMUNITION. LEAVING FIREARMS ACCESSIBLE TO A CHILD OR OTHER PROHIBITED PERSON MAY SUBJECT YOU TO IMPRISONMENT, FINE, OR BOTH. WHEN STORED IN A VEHICLE OUTSIDE THE OWNER'S IMMEDIATE POSSESSION OR CONTROL, FIREARMS, RIFLES, AND SHOTGUNS MUST BE STORED IN AN APPROPRIATE SAFE STORAGE DEPOSITORY AND OUT OF SIGHT FROM OUTSIDE OF THE VEHICLE.**

*\* New York State Penal Law §400.00(18)(b)*

**WARNING:  
RESPONSIBLE FIREARM STORAGE IS THE LAW  
IN WESTCHESTER\***

**FIREARMS MUST BE STORED WITH A SAFETY  
LOCKING DEVICE OR IN A SAFE STORAGE  
DEPOSITORY.**

**FIREARMS SHOULD BE STORED UNLOADED  
AND LOCKED IN A LOCATION SEPARATE FROM  
AMMUNITION.**

**LEAVING FIREARMS ACCESSIBLE TO A CHILD  
OR UNAUTHORIZED PERSONS MAY SUBJECT  
YOU TO IMPRISONMENT, FINE OR BOTH.**

*\* Laws of Westchester County §527.61(2)*



**WARNING**  
**DISCLOSURE OF SAFETY RISKS RELATED TO**  
**WEAPONS OR FIREARMS\***

**ACCESS TO A WEAPON OR FIREARM IN THE HOME SIGNIFICANTLY INCREASES THE RISK OF SUICIDE, HOMICIDE, DEATH DURING DOMESTIC DISPUTES, AND UNINTENTIONAL DEATHS TO CHILDREN, HOUSEHOLD MEMBERS AND OTHERS.**

**IF YOU OR A LOVED ONE IS EXPERIENCING DISTRESS AND/OR DEPRESSION, CALL THE CRISIS PREVENTION AND RESPONSE TEAM AT (914) 925- 5959 or THE NATIONAL SUICIDE HOTLINE AT 988.**

*\* Laws of Westchester County § 529.21(a)*