



POLICE DEPARTMENT COUNTY OF SUFFOLK
ACCREDITED LAW ENFORCEMENT AGENCY



Instructions for completing the Applicant Questionnaire

(PDCS-4406n Rev. 3)

All Applicant Questionnaires must be typed or printed in black or blue ink ONLY. All questions must be answered clearly and completely. Incomplete or illegible Applicant Questionnaires will NOT be processed and will be returned to the applicant.

Questions 1 - 11

Please enter all requested information in the space provided.

Question 12

Please indicate which of the following license you seek:

Dwelling – (formerly Sportsman) Entitles a licensee to possess a firearm within his or her home for the purpose of home protection, at a firing range for the purpose of target shooting, and in the field while engaged in licensed hunting. Firearms may only be possessed outside your home while being transported between your home and an authorized firing range and/or a legal hunting area in New York State. For the purpose of hunting, you are reminded that you must also possess a valid New York State hunting license.

Business -Entitles a licensee to possess and carry a concealed firearm while in his place of business by a merchant or storekeeper for which it was issued. A Business License will be issued only for a documented, legitimate business. The specific documents required to apply for a Business License are listed in the Pistol License Handbook.

Bank or Express company - Entitles a licensee to possess and carry concealed while so employed by a messenger employed by a banking institution or express company

Supreme Court Justice, NYC Civil or Criminal Court Judge - Entitles a licensee to possess and carry concealed by a justice of the supreme court in the first or second judicial departments, or by a judge of the New York city civil court or the New York city criminal court.

Employment - Entitles a licensee to possess and carry concealed while so employed by a regular employee of an institution of the state, or of any county, city, town or village, under control of a commissioner of correction of the city or any warden, superintendent or head keeper of any state prison, penitentiary, workhouse, county jail or other institution for the detention of persons convicted or accused of crime or held as witnesses in criminal cases, provided that application is made therefor by such commissioner, warden, superintendent or head keeper. You must be working in an armed capacity for a town, village, or municipality located within the five (5) western towns of Suffolk County. Forty-seven (47) hour and eight (8) hour training courses are required. All individuals employed by a municipality in an armed capacity must re-qualify with their weapon annually. A copy of your most recent firearm training certificate must be submitted, by mail or in person, to the Pistol Licensing Bureau within ten (10) days of qualification. The requirements for an Employment Endorsement are available on the Suffolk County Police Department's website.

Carry Concealed - Entitles a licensee to possess and carry concealed, without regard to employment or place of possession subject to the restrictions of state and federal law, by any person.

Semi-Automatic Rifle- Entitles a licensee to possess a semiautomatic rifle when transfer of ownership occurs.

**POLICE DEPARTMENT COUNTY OF SUFFOLK
PISTOL LICENSE APPLICANT QUESTIONNAIRE INSTRUCTIONS**

PDCS-4406a Rev.3

PAGE 2 OF 3

Endorsements

SECURITY – Prior to obtaining a Security Endorsement, you must first apply for and obtain a Dwelling License. You must be working, in uniform, for a state licensed security company and reside within the five (5) western towns of Suffolk County. The company for which you work must be incorporated in the five (5) western towns of Suffolk, or Nassau County and must be registered with the Suffolk County Police Department Pistol Licensing Bureau. Forty-seven (47) hour and eight (8) hour training courses are required in order to qualify for a Security License. All individuals employed by a security company in an armed capacity must re-qualify with their weapon every twelve (12) calendar months. A copy of your most recent firearm training certificate must be submitted, by mail or in person, to the Pistol Licensing Bureau within ten (10) days of qualification. The requirements for a Security Endorsement are available in the on the Suffolk County Police Department's website.

AUXILIARY POLICE – Prior to obtaining an Employment Endorsement, you must first apply for and obtain a Dwelling License. The firearm may only be carried while working assigned duties as a Suffolk County Auxiliary Police Officer, while in uniform, with your auxiliary police unit, or traveling directly to or from your residence and your assigned post.

Questions 13-17a

Please provide the requested descriptive data.

Question 18

Please indicate whether you have ever been arrested, and if so, enter that information in the boxes provided. If you answer "yes" you must provide a separate, notarized statement explaining each arrest in detail (facts, dates, time, location and persons involved).

PLEASE NOTE: If you have ever been arrested, charged, indicted, or issued a Field Appearance Ticket or Criminal Summons (other than a traffic/parking ticket) you must disclose and explain it. On the day of your interview, you will be required to submit an official *Certificate of Disposition* from the Court of record, indicating the disposition of the arrest.

YOU MUST DISCLOSE SEALED ARRESTS!

The law in New York State provides an exception to the sealing of arrest records when a defendant applies for a handgun license. This means that the Licensing Bureau will be notified of every arrest in your history, no matter how minor it may have been or how long ago it may have occurred. If you fail to disclose a sealed arrest your Application will be **DISAPPROVED**.

Questions 19-33

Please provide the information requested. If you require additional room, please attach a separate, signed and notarized sheet of paper.

Question 34

Must list Members of your Household, including adult children who reside in your household, any minors who reside in your household whether full time or part time (include person's Name, DOB, Phone# and relation to you)

Question 35

Please indicate who will safeguard your handguns should you become incapacitated in any way. The person you choose must be over the age of twenty-one (21), but does not need a pistol license. This person must notify the Licensing Bureau immediately upon learning that you have become incapacitated or have died, and may only safeguard/possess your handguns for the purpose of immediately surrendering to a Law Enforcement Agency.

**POLICE DEPARTMENT COUNTY OF SUFFOLK
PISTOL LICENSE APPLICANT QUESTIONNAIRE INSTRUCTIONS**

PDCS-4406n Rev.3

PAGE 3 OF 3

Question 36

Please enter the information requested regarding your four (4) chosen Character References. PLEASE NOTE: Only qualified persons may serve as Character References.

Qualifications: Character References must be residents of Suffolk County who are twenty-one (21) or older and have known the Applicant for at least one (1) year. Character References may NOT be related to the Applicant (by blood or marriage), nor may they be active law enforcement officers. Only one member of a family or household may serve as a Character Reference for each Applicant.

Question 45

Please indicate whether you or anyone in your household has ever been evaluated for any mental health issues. PLEASE NOTE: Mental health evaluation/treatment is NOT always an automatic bar under New York State or Federal Law; however, if you fail to fully disclose this information, your application will be **DISAPPROVED**.

Questions 37-52

Please answer "yes" or "no" and provide additional information on a separately attached sheet of paper where necessary.

After completing the Applicant Questionnaire and any additional attachments you may deliver it in person, or mail it to the address listed below. A **check or money order** for ten dollars (\$10.00) made payable to "S.C.P.D." must accompany your Applicant Questionnaire.

Additional information can be obtained by calling the Pistol Licensing Bureau at (631) 852-6311, or on the web at www.suffolkcountyny.gov/police/

***FALSE STATEMENTS MADE ON THE APPLICATION FORM ARE PUNISHABLE
AS CLASS 'A' MISDEMEANORS PURSUANT TO SECTION 210.45 OF THE NEW
YORK STATE PENAL LAW.**

IMPORTANT

If any part of your Applicant Questionnaire is found to be untruthful, if important information is omitted, or if your written explanations/statements lack detail or are non-responsive, your application will be
DISAPPROVED.

Mail completed Applicant Questionnaire to:

SUFFOLK COUNTY POLICE DEPARTMENT
PISTOL LICENSING BUREAU/APPLICATION
30 YAPHANK AVENUE
YAPHANK, NEW YORK 11980
OFFICE HOURS: MONDAY - FRIDAY, 9:00 AM - 4:30 PM

Language Assistance is Available upon Request at No Cost

Visit us Online at: www.suffolkcountyny.gov/police/

Crime Stoppers Confidential Tip Hotline: 1-800-220-TIPS

Non-Emergencies Requiring Police Response: (631) 852-COPS



POLICE DEPARTMENT COUNTY OF SUFFOLK
ACCREDITED LAW ENFORCEMENT AGENCY
PISTOL LICENSE APPLICANT QUESTIONNAIRE
PDCS 4406n Rev.3



E 1 of 2

Last Name:	7. City and State of Birth
First Name:	8. Citizenship (Country):
Middle Name:	9. Driver License/Non Driver I.D. number:
Suffix:	10. Alien Registration # (If Applicable):
Date of Birth Male <input type="checkbox"/> Female <input type="checkbox"/>	11. Marital Status:
Social Security #:	12. Type of License You Are Applying For: (See Instructions Page 1)

PHYSICAL DESCRIPTIVE DATA:

HEIGHT (FEET/INCHES)	14. WEIGHT (POUNDS)	15. RACE
HAIR COLOR	17. EYE COLOR	17a. ETHNICITY

Have you ever been arrested, summoned, charged or indicted anywhere for any offense? YOU MUST DISCLOSE SEALED ARRESTS
YES ☐ NO ☐
DO NOT RELY ON ANYONE'S REPRESENTATION
If yes, furnish the following information: THAT AN ARREST WAS SEAL OR REMOVED FROM YOUR RECORDS

DATE	POLICE AGENCY	CHARGE	DISPOSITION	COURT & DATE

1. List all handguns in your possession (if none, so indicate)

MANUFACTURER	PISTOL OR REV	CALIBER	SERIAL #	MODEL	PROPERTY OF

2. Current Employer	
1. Employer Address	
2. Occupation	
3. Nature of Employment	24. Business Phone

5. List all prior places of employment (include business name, address, nature of business and phone #)

6. PRESENT ADDRESS: include House #, City, Village, Town, State (if other than New York), Zip Code, and Telephone # (include mailing address if different)

Address	City	State: <u>New York</u>	Zip Code
Home Telephone #	Alternate/ Cell Telephone#	Email	
Mailing Address			

7. List all prior places of residence (include street address, city, state, and zip code)

28. Spouse/ Domestic Partner Name:		D.O.B.:	Telephone #: Cell Phone #:
29. If Female, Your Maiden Name and all Previous Married Names:		30. If Married, Your Spouse's Maiden Name:	
31. Mother's Maiden Name (Last, First):	32. Father's Name (Last, First):	33. Nicknames or Aliases (Applicant):	
34. Members of your Household, including adult children who reside in your household, any minors who reside in your household whether full time or part time (include person's Name, DOB, Phone# and relation to you):			

35. Name and address of person who will safeguard pistol (s) and notify the Pistol Licensing Bureau in case of Applicant's death or disability. (should be a Suffolk County resident, but does not need to possess a pistol license)

Name:

Address:

Telephone:

36. Give four (4) character references who attest to your good moral character – list references alphabetically and print clearly. (see qualifications in instructions)

LAST, FIRST, MI	D.O.B.	STREET ADDRESS	CITY, TOWN	TELEPHONE	EMAIL

37. Have you <i>ever</i> been named in an order of protection (respondent, petitioner or protected party)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
38. Have you <i>ever</i> been terminated/discharged from any employment or the armed forces <i>for cause</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
39. Have you <i>ever</i> undergone treatment for alcoholism or drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
40. Have you <i>ever</i> suffered any mental illness, or been confined to <i>any</i> hospital, public or private institution, for mental illness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
41. Have you <i>ever</i> had a pistol license, dealer's license, gunsmith license, or <i>any</i> application for such a license disapproved, or had such license revoked or cancelled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
42. Do you have <i>any</i> physical condition which could interfere with the safe and proper use of a handgun?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
43. Have you <i>ever</i> been charged, petitioned against, a respondent or otherwise been a subject of a proceeding in Family Court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
44. Has <i>anyone</i> in your household been arrested for a felony or serious offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
45. Have you or any member of your household <i>ever</i> been evaluated or treated as a result of any mental health issues including, but not limited to depression?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or any member of your household <i>ever</i> been admitted to any mental institution or hospital, public or private?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
46. Do you now or have you <i>ever</i> tried, used, possessed or sold marijuana or its derivatives, narcotics, controlled substances, tranquilizers, or anti-depressant medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If any of these substances were prescribed by a doctor, provide doctor's name, address, and phone number.		
47. Have you <i>ever</i> been denied appointment to a civil service position; federal, state, or local?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
48. Have you <i>ever</i> served in the military? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, have you <i>ever</i> been the subject of military discipline?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
49. Have you <i>ever</i> had <i>any</i> license, including, but not limited to, a driver's license, pistol license, or liquor license issued by <i>any</i> agency <i>denied, revoked, cancelled or suspended</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
50. Have you <i>received</i> a traffic summons, or been arrested or convicted for any traffic infraction in the last <i>five (5) years</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, list the date(s), charge(s), police agency, court, and disposition.		
51. Have you been convicted of Assault 3 rd , Misdemeanor DWI, or Menacing 3 rd within the previous five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered 'yes' to any of the above (questions 38 through 51) and *require additional space*, submit a separate detailed, notarized explanation on 8½"x 11" sized paper

FALSE STATEMENTS ON THE APPLICATION FORM ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

SIGNATURE OF APPLICANT

Date