

ONONDAGA COUNTY SHERIFF'S OFFICE - PISTOL LICENSE UNIT

Character Reference Form – 4 References Required (Submit 1 Form for Each Reference)

(References must be 21 years of age or older, residents of Onondaga County and cannot be family members or reside in the same household) Return all four (4) completed forms with application.

I, _____, *being duly sworn, deposes and says that I am aware that: The following* questions are asked in connection with the background investigation of _____ applicant for a New York State pistol license. I promise to answer each question to the best of my ability.

**PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY.
PRINT (Black ink) OR TYPEWRITE ALL BUT SIGNATURE.**

1. What is your present address? _____
2. Your current phone number/cell number (must be accessible contact #): _____
_____ Date of Birth: _____
3. Name and address of employer? _____

4. How long have you known applicant? _____
5. By what other name (s) has applicant been known? _____
6. Where does applicant reside? _____
7. What is applicant's business or occupation? _____
8. Are you related to the applicant? _____
9. Will you attest to the applicant's honesty, sobriety, integrity, peacefulness? _____
10. Is the applicant a person of good moral character? _____
11. Would you, without reservation, recommend applicant for a pistol license? _____

Additional Information or Comments:

All information contained in this form will be strictly confidential. Please sign below and return with application.

I KNOW THE MEANING OF PERJURY; IT IS THE TELLING OF A LIE WHILE UNDER OATH. I ALSO KNOW THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

DATE _____

SIGNATURE _____
Of Reference Individual

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