

**NYS PISTOL LICENSE APPLICANT**  
**SUPPLEMENTAL ARREST INFORMATION( IF NEEDED)**

APPLICANT'S NAME : \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**ADDITIONAL ARREST HISTORY:**

<u>DATE</u>	<u>POLICE AGENCY</u>	<u>CHARGE</u>	<u>DISPOSITION – COURT - DATE</u>

**SIGNED , SWORN AND SUBMITTED TO ME:**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

AT SYRACUSE, NEW YORK.

\_\_\_\_\_  
SIGNATURE OF PISTOL LICENSE EMPLOYEE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COUNTY SEAL

NYS PISTOL LICENSE APPLICANT'S NYSID # \_\_\_\_\_

LICENSING OFFICER'S INITIALS \_\_\_\_\_