

NYS PISTOL LICENSE APPLICANT
SUPPLEMENTAL CHARACTER REFERENCE (IF NEEDED)

APPLICANT'S NAME : _____

APPLICANT'S SIGNATURE: _____

ADDRESS: _____

ADDITIONAL CHARACTER REFERENCE
WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI **STREET ADDRESS** **CITY, STATE, ZIP** **SIGNATURE**

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 _____