

# New York State Pistol License Application Semi-Automatic Rifle License

(\*\*This application not applicable to current NYS Pistol License holders in Onondaga County seeking a Semi-Automatic Rifle License, visit the Pistol License Unit web site for additional information. \*\*)



Onondaga County Sheriff's Office - Pistol License Unit

407 South State Street

Syracuse, New York 13202

Email : [PistolLicenseUnit@ongov.net](mailto:PistolLicenseUnit@ongov.net)

<https://sheriff.ongov.net/pistol-license-unit/>

## Applicants for NYS Pistol/Revolver

There are three (3) types of Pistol/Revolver Licenses one can apply for as described in section 400.00 of the New York State Penal Law. Except under special circumstances, the issuance of these licenses is restricted to:

1. **Carry Concealed:** Without regard to employment or place of possession subject to the restrictions of state and federal law by any person.
2. **Possess on Premise:** Have and possess in dwelling by a homeowner **ONLY** or have and possess in one place of business by a merchant or storekeeper **ONLY**.
3. **Possess/Carry During Employment:** Have and carry concealed while so employed by a messenger employed by a banking institution or express company.

## Semi-Automatic Rifle Licenses

**Semi-Automatic License:** (other than an assault weapon or disguised gun) Issued to purchase or take possession of such a semi-automatic rifle.

**(\*\*This application not applicable to current NYS Pistol License holders in Onondaga County seeking a Semi-Automatic Rifle License, visit the Pistol License Unit web site for additional information. \*\*)**

Applicants applying for a Carry Concealed Pistol/Revolver License are required to complete all the required sections of the application packet. **NO** applicant will be issued an unrestricted license unless he/she has completed a New York State Division of Criminal Justice Services (DCJS) and the Division of State Police (DSP) approved 16 hour in person live classroom instruction conducted a Duly Authorized Instructor.

Applicants who desire a license for home/business **ONLY** would be advised to apply for a **POSSESS ON PREMISE**. This is not a carry license and restricts the possession of the handgun(s) to the dwelling address or place of business address listed on the application. If the place of business address should change, the application process will begin again with all fees applicable.

Applicants wanting to Possess/Carry During Employment for their jobs must have a letter from their employer stating that they require the individual to carry during the performance of his/her duties. The restrictions on the license will appear as **EMPLOYMENT, SECURITY** or **BUSINESS**.

No pistol license application will be accepted until he/she has successfully completed a handgun safety course from one of the listed certified instructors and can furnish this office with the certificate that is awarded upon completion.

# **Pistol/Revolver License & Semi-Automatic License Applicant Instructions**

## **DO NOT sign, or have anyone witness any of the application paperwork**

1. Applicants must be **21 years of age** at the time of application and a **resident of Onondaga County**.
2. Complete the application form. No copies will be accepted. Use **black ink or type**.
3. Four (4) references are required:
  - a. They must be 21 years of age or older and a resident of Onondaga County.
  - b. They cannot be family members or reside in the same household.
  - c. Each of your references must personally sign the NYS application form PPB 3. In addition, each reference must complete and sign the attached Character Reference Form.
4. Answer all the questions on the questionnaire and the affirmation sheet. If you are unclear on any question or statement leave it blank. We will attempt to assist you when you return your application.

## **Basic Handgun Safety Course/Carry Concealed Course Information**

**A Basic Handgun Safety Course is required in Onondaga County for first time Pistol License holders.**

**Only a certificate issued by any of the Certified Instructors will be accepted.**

**The Handgun Safety Course Certificates are valid for 3 years from date of issuance.**

**See the most recent list of Certified Instructors is available online.**

When ALL application paperwork has been completed and you have taken your Handgun Safety Course, go on-line to <https://sheriff.ongov.net/pistol-license-unit/> to make an appointment to process the application. **Do not schedule your fingerprints until you have scheduled your appointment with the Onondaga County Sheriff's Office – Pistol License Unit, as Fingerprints and Photo must be taken within 30 days of your appointment date. I.e. appointment date of 6/1/2022, prints must be taken between 5/2/2022 & 5/31/2022**

## To Schedule Fingerprints and Photo:

1. Applicants must schedule an appointment for fingerprinting by calling Identogo toll free call center at (877) 472-6915 or by visiting their web site at <https://uenroll.identogo.com/workflows/154FN9>
2. Applicants scheduling through the Identogo web site should print out the confirmation page and bring it to their appointment.
3. Applicants **MUST** have one form of identification and provide the following information to Identogo staff:
  - a. Service Code Number: **154FN9**
  - b. Reason for being fingerprinted - **PISTOL PERMIT LICENSE**
4. Identogo staff will provide a receipt verifying applicants have been fingerprinted and photographed. No additional photo is needed as this one will be used for your license. A copy of your receipt must be provided with your application.

*Please bring the following to your Pistol License Unit appointment.*

- Handgun Safety Course certificate.
- \$55.75 cash, Money Order, Visa, MasterCard, or Discover Card.
- Photo identification is required.  
(NYS Driver License or NYS Non-Driver ID Card required by NYS)
- Identogo receipt

## **Processing time for a PISTOL LICENSE is approximately 6 months**

*Pursuant to NYS Penal Law section 400.00, the Sheriff's Office has six (6) months after your appointment within which to process your application.*

**\*\*You will be notified by mail upon the approval or denial of your application.**

**Your Character Reference Forms must be completed and submitted with your application.**

**\*\*Please note each of your references must personally sign the NYS application form PPB 3 as well as each reference must complete and sign the Character Reference Forms. \*\***

# Pistol License Applicant Questionnaire

Please read and answer all questions carefully

Print or Type - **DO NOT SIGN**

1. Full Name: \_\_\_\_\_  
Last Name First Name Middle Name
2. Current Address: \_\_\_\_\_
3. Phone # Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_
4. email Address \_\_\_\_\_
5. Any names you have ever used or been known by and reason for same:  
\_\_\_\_\_
6. Place of Birth: \_\_\_\_\_ Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_  
If married, give Spouse's name \_\_\_\_\_
7. Starting with your present address, list all places of residence for the last 5 years. (include apt #s & zip)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Starting with your present employer, list all employers for the last 5 years (include nature of business)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Specifically, where and how will your handgun(s) be safeguarded when not in use?  
\_\_\_\_\_
10. State the name and address of the person who will safeguard your handgun(s) in case of your death or disability. \_\_\_\_\_
11. Will any individuals under the age of 21 be left unsupervised in your residence? \_\_\_\_\_  
If so, what precautions will be taken to assure no one will gain access to your handgun(s).  
\_\_\_\_\_

I have answered the above questions to the best of my knowledge and recollection and I understand that **ANY FALSE** statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the New York State Penal Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**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
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:		Race:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	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				

**Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**

**LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS**


**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 sealed arrests 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?

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?

Are you an alien illegally or unlawfully in the United States?

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?

Have you been discharged from the Armed Forces under dishonorable conditions?

Have you ever renounced your United States citizenship?

Have you ever suffered any mental illness?

Have you ever been involuntarily committed to a mental health facility?

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?

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?

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?

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?

**\*THIS QUESTION ONLY APPLIES TO CARRY CONCEALED**

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?

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?

## 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 \_\_\_\_\_

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

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

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_

\_\_\_\_\_  
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
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

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.

**Onondaga County Sheriff's Office - Pistol License Unit - Character Reference Form**

4 References are 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 completed forms with application, please make sure your references also sign the NYS Application form PPB 3.

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:**

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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

INTENTIONALLY LEFT BLANK

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\_\_\_\_\_ 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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? \_\_\_\_\_

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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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Of Reference Individual

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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? \_\_\_\_\_

\_\_\_\_\_

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5. By what other name (s) has applicant been known? \_\_\_\_\_

6. Where does applicant reside? \_\_\_\_\_

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**Additional Information or Comments:**

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\_\_\_\_\_  
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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Of Reference Individual

INTENTIONALLY LEFT BLANK

# NYS Firearms License Request for Public Records Exemption

*Pursuant to section 400.00 (5) (b) of the NYS Penal Law*

I am:  **an applicant** for a firearms license  **currently licensed** to possess a firearm in NYS

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Firearms License # (if applicable) \_\_\_\_\_ Date Issued \_\_\_\_\_

Licensing Authority / County of Issuance or Application \_\_\_\_\_

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**I hereby request that any information concerning my firearms license application or firearms license not be a public record.** The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: *(check all that are applicable)*

**1. My life or safety may be endangered by disclosure because:**

- A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- B. I am a protected person under a currently valid order of protection;
- C. I am or was a witness in a criminal proceeding involving a criminal charge;
- D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

**2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below:** *(Must be explained in item 5 below)*

**3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.**

*(Please check any that apply)*

A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

**4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.**

**5. *(Please provide any additional supportive information as necessary)***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date