



Onondaga County "Carry Concealed" Upgrade Questionnaire

Name: _____

Full Address: _____

DOB: _____ Pistol License #: _____ Date of Issue: _____

Have you been arrested, indicted, or convicted of any criminal offense, been the subject of an order of protection, been a patient at any mental institution, or had your license suspended/revoked since the above license was issued?

Yes ☐ No ☐ If **YES**, explain: _____

Signature

Date

Investigator Use Only

Relationships/Household Members Checked: Yes No

Recommend Upgrade: Yes No

Notes: _____

Inv. Signature

Date

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				

Name: _____

DOB: _____

Pistol License Number: OC-_____