

License Number
Date of Issue

**State of New York  
Pistol / Revolver License  
Recertification Form**

County of Issue
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Have you ever transferred your pistol/revolver license from one county to another?  Yes  No  
 If **Yes**, provide Original County of Issue: \_\_\_\_\_

Last Name	First Name	MI	Suffix

Date of Birth – MM DD YYYY	

NY Driver's License (or NY Non-Driver ID) No.	Gender	Social Security (Last 4 Digits)	Race	Height ft   in	Weight	Eyes	Hair
		X   X   X   X   X					

Physical Address (street, city, state, zip)

Mailing Address (if different)

Primary Contact Telephone Number ( )	Email Address (optional)
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Since being issued a pistol/revolver license, have you ever been known by any name other than that currently appearing on your license?  Yes  No  
 If **Yes**, furnish the following information:

Other Last Name	Other First Name	MI
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**LICENSE TYPE:**  Carry Concealed (includes restricted or unrestricted)  \*Possess on Premises  \*Possess/Carry During Employment  
 (\*) Premise Address or Employer/Employer Address must be provided below:

Employer Name (if Carry During Employment)
Street, City, Zip Code

**FIREARM DATA:**

Do you have any pistols and/or revolvers listed on your pistol/revolver license (includes possessed, co-owned/co-registered)?  Yes  No  
 If **Yes**, furnish the following information: (See reverse if additional space is needed)

Co-Registered	Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number
<input type="checkbox"/>				<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>		

**NYS FIREARMS LICENSE RECERTIFICATION - REQUEST FOR PUBLIC RECORDS EXEMPTION**

If you would like to request that your firearms license recertification records be exempt from public disclosure, you **MUST** check a box from the choices below.

- 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;
- 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 additional supportive information below)*
- 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 \_\_\_
- I have reason to believe that I may be subject to unwarranted harassment upon disclosure.  
*(Please provide any additional supportive information as necessary)* \_\_\_\_\_

**I certify that the information provided on both sides of this form is correct. I also hereby affirm that, to the best of my knowledge, I am not prohibited from possessing firearms. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal penalties, my pistol / revolver license may be revoked, and any request for public records exemption shall become null and void.**

Signature

Date

