

HANDGUN LICENSE AMENDMENT ATTACHMENT

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

DATE ORIGINAL LICENSE ISSUED: _____

SINCE YOUR CURRENT LICENSE WAS ISSUED:

Have you been arrested for any offense? If yes, furnish the following information:

Date	Arresting Agency	Charge	Court & Date	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you been terminated or discharged from any employment or armed forces? _____

Have you had an order of protection issued against you? _____

Have you undergone any type of treatment for alcoholism or drug abuse? _____

Have you suffered any mental illness or been confined to any hospital, public or private institution for mental illness? _____

Have you had a handgun license, dealer's license, gunsmith license, or any application for any such license disapproved, suspended, or revoked? _____

Have you been charged, petitioned against, a respondent, or otherwise been a subject of a proceeding in Family Court? _____

If you answered yes to any of the above questions, explain here _____

List reason(2) for your request to remove restrictions from license: (be specific)

Applicant's Signature

Signed and Sworn to before me this _____ day of _____

20 _____ at _____ County, New York

Notary Public