

**SCHEENECTADY COUNTY CHARACTER REFERENCE FORM**

**READ AND ANSWER EACH QUESTION CAREFULLY - YOU MAY USE ADDITIONAL PAGES IF NECESSARY - PRINT LEGIBLY EXCEPT SIGNATURES - FORMS WILL BE RETURNED IF INFORMATION IS INCOMPLETE**

**PISTOL PERMIT APPLICANT:** \_\_\_\_\_

LAST FIRST MIDDLE INITIAL

PISTOL PERMIT APPLICANT'S PHONE NUMBER: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

1. WHAT IS YOUR FULL NAME? \_\_\_\_\_

LAST FIRST MIDDLE INITIAL

2. WHAT IS YOUR PRESENT ADDRESS? \_\_\_\_\_

3. INCLUDE CONTACT NUMBER(S) \_\_\_\_\_ (DAY) \_\_\_\_\_ (EVENING)

4. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

5. ARE YOU A UNITED STATES CITIZEN? \_\_\_\_\_ IF NOT, GIVE REGISTRATION NUMBER \_\_\_\_\_

6. NAME AND ADDRESS OF YOUR EMPLOYER: \_\_\_\_\_

7. WERE YOU EVER ARRESTED, INDICTED OR CONVICTED FOR ANY CRIME IN ANY JURISDICTION, FEDERAL, STATE OR LOCAL? \_\_\_\_\_ IF SO, PLEASE COMPLETE THE FOLLOWING:

<u>DATE</u>	<u>CHARGE</u>	<u>DISPOSITION</u>	<u>ARRESTING AGENCY</u>
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8. DO YOU HAVE A PISTOL PERMIT? \_\_\_\_\_

9. HAVE YOU EVER HAD ANY LICENSE OR PERMIT, INCLUDING A PISTOL PERMIT, SUSPENDED, DENIED OR REVOKED BY ANY AGENCY, FEDERAL, STATE OR LOCAL? \_\_\_\_\_ IF SO, GIVE DETAILS \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS REGARDING THE APPLICANT:**

1. IS THE APPLICANT A UNITED STATES CITIZEN? \_\_\_\_\_

2. HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

3. ARE YOU RELATED TO THE APPLICANT? \_\_\_\_\_ IF YES, HOW? \_\_\_\_\_

4. BY WHAT OTHER NAME (S) HAS THE APPLICANT BEEN KNOWN? \_\_\_\_\_

5. WHERE DOES THE APPLICANT RESIDE? \_\_\_\_\_

6. WHAT IS THE APPLICANT'S BUSINESS OR OCCUPATION? \_\_\_\_\_

7. WAS THE APPLICANT EVER EMPLOYED BY YOU? \_\_\_\_\_ IF SO, WAS HE / SHE TERMINATED? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

8. TO YOUR KNOWLEDGE, WAS THE APPLICANT EVER ARRESTED? \_\_\_\_\_

IF YES, GIVE DETAILS: \_\_\_\_\_

9. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT ABUSING ALCOHOLIC BEVERAGES? \_\_\_\_\_

10. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT USING ILLEGAL DRUGS? \_\_\_\_\_

11. DO YOU HAVE ANY KNOWLEDGE OF ANY DOMESTIC PROBLEMS INVOLVING THE APPLICANT? \_\_\_\_\_

12. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT EVER THREATENING ANYONE, OR DISPLAYING A VIOLENT TEMPER? \_\_\_\_\_ IF YES, UNDER WHAT CIRCUMSTANCE: \_\_\_\_\_

13. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT ASSOCIATING WITH KNOWN CRIMINALS? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

14. HAS THE APPLICANT EVER, OR DOES HE/SHE NOW OWN OR POSSESS ANY HANDGUNS? \_\_\_\_\_

IF YES GIVE DETAILS: \_\_\_\_\_

15. TO YOUR KNOWLEDGE HAS THE APPLICANT EVER SUFFERED FROM, BEEN TREATED OR HOSPITALIZED FOR BLACKOUTS, TEMPORARY LOSS OF MEMORY, MENTAL ILLNESS, DEFECT OR BREAKDOWNS? \_\_\_\_\_

IF YES GIVE DETAILS: \_\_\_\_\_

16. DO YOU KNOW THE APPLICANT TO BE AN HONEST, RESPONSIBLE PERSON OF GOOD MORAL CHARACTER? \_\_\_

17. DO YOU WITHOUT RESERVATION RECOMMEND THIS APPLICANT FOR A PISTOL PERMIT? \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

**18. UPON COMPLETION OF THIS FORM MAIL TO:**

**SCHENECTADY COUNTY SHERIFF CIVIL OFFICE 320 VEEDER AVENUE SCHENECTADY NY 12305**

**IF YOU HAVE ANY QUESTIONS CALL THE SHERIFF'S CIVIL OFFICE AT 388-4300 extension 5135**

**I GIVE PERMISSION TO THE SCHENECTADY COUNTY JUDGE, THE SCHENECTADY COUNTY SHERIFF OR THEIR DESIGNEE TO CONFIRM ANY INFORMATION FURNISHED IN THIS PISTOL PERMIT CHARACTER REFERENCE. I HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW, STATE OF NEW YORK.**

**SIGNATURE OF CHARACTER REFERENCE** \_\_\_\_\_

**SIGNATURE OF WITNESS** \_\_\_\_\_

**PRINTED NAME OF WITNESS** \_\_\_\_\_

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