PPB-2 (11/17)

License Number	**State of New York** Pistol / Revolver License Recertification Form	County of Issue
Date of Issue		

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)

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

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
☐				☐		
☐				☐		

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.

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 additional supportive information 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.

(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

Mail to: New York State Police, Pistol Permit Bureau, Building 22, 1220 Washington Avenue, Albany, New York 12226-2252

Last Name	First Name	NY Driver's License (or NY Non-Driver ID) No.

FIREARMS DATA CONTINUED (Attach Form PPB-2A, if additional space is needed)

Co-Registered	Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number
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Mail completed forms to: New York State Police, Pistol Permit Bureau, Building 22, 1220 Washington Avenue, Albany, New York 12226-2252

Your recertification status can be checked at https://firearms.troopers.ny.gov/pprecert/. Your status will be "No recertification on file" until your information has been entered. Please allow sufficient time for mailing and entry.