Pistol / Revolver License Recertification Form (PPB-2) Instructions

General Instructions:
- Fields highlighted in yellow are required.
- Your county-issued documents may use the terms “pistol permit”, “pistol / revolver license” or “firearms license” to refer to your Pistol/Revolver License.

<table>
<thead>
<tr>
<th>License Number</th>
<th>State of New York Pistol / Revolver License Recertification Form</th>
<th>County of Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever transferred your pistol/revolver license from one county to another?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

License Number – This is your pistol/revolver license number which should be printed on your county-issued document.

Date of Issue - The Date of Issue is the date (or approximate date if unknown) that you were originally issued a pistol / revolver license, not the date that you transferred or amended your license.

County of Issue – The county that issued the pistol/revolver license that you currently have. This should be printed on your county-issued document.

Original County of Issue – If you were originally issued your pistol/revolver license in one county and have subsequently transferred your license to another county, check “Yes” and enter the county that originally issued your license.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial (MI)</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth - MM DD YYYY</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NY Driver’s License (or NY Non-Driver ID) No. – From your DMV identification.

Social Security (Last 4 Digits) | Race | Height | Weight | Eyes | Hair |
|-------------------------------|------|--------|--------|------|------|

Gender – M (Male) or F (Female)

Eyes – Spell out eye color. Abbreviations like GR are ambiguous (ex: GR can be Green or Grey).

Hair – Spell out hair color. Abbreviations like BL are ambiguous (ex: BL can be Blonde, Black, or Blue).
<table>
<thead>
<tr>
<th>Physical Address (street, city, state, zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address (if different)</td>
</tr>
<tr>
<td>Privacy Contact Telephone Number</td>
</tr>
</tbody>
</table>

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** – Many counties print this on the county-issued document. Most licenses are “Carry Concealed”. Only check one box.

**Employer Name** - Only required if License Type is “Possess/Carry During Employment”.

**Employer/Premise Address** - Only required if License Type is “Possess on Premises” or “Possess/Carry During Employment”.

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**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)*

<table>
<thead>
<tr>
<th>Co-Registered</th>
<th>Manufacturer</th>
<th>Pistol/Revolver/Single Shot</th>
<th>Model</th>
<th>Frame Only</th>
<th>Caliber(s)</th>
<th>Serial Number</th>
</tr>
</thead>
</table>

Complete all required fields for all firearms listed on your pistol/revolver license (includes possessed and co-owned/co-registered). Additional firearms should be recorded on the back of the PPB-2 and/or the PPB-2A. Check “No” if you do not currently have any pistols or revolvers listed on your pistol/revolver license.

**Co-Registered** – Check this box if the firearm is also listed on another person’s permit.

**Manufacturer** – Ex: Ruger, Smith & Wesson. Sometimes referred to as “Make” on county documents.

**Pistol/Revolver/Single Shot** – Valid values are Pistol, Revolver, or Single Shot. Do not enter other values in this column.

**Model** – Provide if available. If printed on county-issued document, enter as shown on that document.

**Frame Only** – Check this box if you possess only the frame of the firearm. *If your Firearm is fully functioning, do not check this box.*

**Caliber(s)** – Required unless Frame Only. Provide all calibers associated with this firearm.

**Serial Number** – Provide firearm 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, parole officer, probation 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 any 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, 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

Complete this section to request that your recertification information NOT be released publicly.

Check the box or boxes that best describe the reason(s) your information should not be publicly disclosed. You must choose a reason from #1 - #4.

If reason #2 is chosen, you must explain in the additional supportive information space provided at the bottom of this section.

Review the affirmation paragraph.

Sign and date the form.

If PPB-2A (additional firearms form) was used, it must also be signed and dated.

Mail to address shown.