

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.

<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> State of New York Pistol / Revolver License Recertification Form </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 70%; padding: 2px;"> License Number _____ </td> <td style="width: 30%; padding: 2px; text-align: center;"> County of Issue _____ </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Date of Issue _____ </td> </tr> </table> <p>Have you ever transferred your pistol/revolver license from one county to another? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide Original County of Issue: _____</p>	License Number _____	County of Issue _____	Date of Issue _____		<p>License Number – This is your pistol/revolver license number which should be printed on your county-issued document.</p> <p>Date of Issue - The Date of Issue is the date (or approximate date if unknown) that you were <u>originally</u> issued a pistol / revolver license, not the date that you transferred or amended your license.</p> <p>County of Issue – The county that issued the pistol/revolver license that you currently have. This should be printed on your county-issued document.</p> <p>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.</p>																				
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<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 10%;">Last Name</td> <td style="width: 10%;">First Name</td> <td style="width: 10%;">MI</td> <td style="width: 10%;">Suffix</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <p>Date of Birth – MM/DD/YYYY _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 10%;">NY Driver's License (or NY Non-Driver ID) No.</td> <td style="width: 10%;">Gender</td> <td style="width: 10%;">Social Security (Last 4 Digits)</td> <td style="width: 10%;">Race</td> <td style="width: 10%;">Height ft. in</td> <td style="width: 10%;">Weight</td> <td style="width: 10%;">Eyes</td> <td style="width: 10%;">Hair</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Last Name	First Name	MI	Suffix					NY Driver's License (or NY Non-Driver ID) No.	Gender	Social Security (Last 4 Digits)	Race	Height ft. in	Weight	Eyes	Hair									<p>Last Name, First Name, Middle Initial (MI) – Must match your New York State Department of Motor Vehicles (DMV) identification. If the name on your county-issued pistol/revolver license does not match your DMV identification, either file an amendment with your county to correct your pistol/revolver license or contact DMV to correct your DMV identification.</p> <p>Suffix – Enter Jr, Sr, I, II, III, IV, V if applicable</p> <p>Date of Birth – Enter one digit per box in MMDDYYYY format. Example 06071942 for June 7, 1942.</p> <p>NY Driver's License (or NY Non-Driver ID) No. – From your DMV identification.</p> <p>Gender – M (Male) or F (Female)</p> <p>Eyes – Spell out eye color. Abbreviations like GR are ambiguous (ex: GR can be Green or Grey).</p> <p>Hair – Spell out hair color. Abbreviations like BL are ambiguous (ex: BL can be Blonde, Black, or Blue).</p>
Last Name	First Name	MI	Suffix																						
NY Driver's License (or NY Non-Driver ID) No.	Gender	Social Security (Last 4 Digits)	Race	Height ft. in	Weight	Eyes	Hair																		

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

Physical Address – This must be your residential/home address. Do not enter a P.O. box here.

LICENSE TYPE: Carry Concealed (includes restricted or unrestricted) *Possess on Premises *Possess/Carry During Employment
 (* Possess on Premises or Employer/Employee Address must be provided below.)

Employer Name (if Carry During Employment)

Street, City, Zip Code

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”.

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	Caliber(s)	Serial Number
<input type="checkbox"/>					
<input type="checkbox"/>					

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, 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;
 E. 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)*
2. 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 _____
3. 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 12226-2232

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.