

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE APPLICATION FINGERPRINT FORM

INSTRUCTIONS: Print or type in black ink only

Last Name	Suffix		
First Name	MI	Date of Birth – MM DD YYYY	NY Driver's License (or NY Non-Driver ID) No.

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

IMPRESSIONS TAKEN BY: _____

NAME RANK SHIELD DATE

APPLICANT'S SIGNATURE AND ADDRESS: _____

Attach this form to your Pistol / Revolver License Application (PPB-3)