Fields that are not fillable must be hand written/signed.

State of New York

Pistol/Revolver License Application

Semi-Automatic Rifle License Application

Personal Information

Last Name	First Name	Middle Name	Suffix

DOB	NY Driver's License # (or Non-Driver ID)	

FIREARMS DATA CONTINUED:

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of
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☐ **I certify that the information provided above is correct**

Signature _____ **Date** _____

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