PPB-2 (Rev 02/25)

Complete the form in its entirety. Fields that are not fillable must be hand written/signed.

State of New York

Pistol/Revolver License Recertification Form

Date of Issue	License #	County of Issue

Have you ever transferred your pistol/revolver license from one county to another? ☐ Yes ☐ No

If Yes, provide Original County of Issue:

PERSONAL INFORMATION

Last Name	First Name	MI	Suffix

Street Name (Physical Address)	Apt #	City	State	Zip

Mailing Address (If Different than Physical)	Apt #	City	State	Zip

Sex:	DOB:	Race:	Height: ft in	Weight:	Hair:	Eyes:

Social Security Number: (LAST FOUR) XXX-XX-	Driver's License # (or Non-Driver ID):	License State:

Primary Phone #	Secondary Phone #	Email Address

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: **Other Last Name** **Other First Name** **MI**

License Type: (Check only one) ☐ **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)	Address or Other Location (Street #, Street Name, Apartment Number, City, State, 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 next page if additional space is needed)

Co-Registered	Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame only	Caliber	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 *(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:**

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State of New York

Pistol/Revolver License Recertification Form

FIREARMS DATA CONTINUED

Co-Registered	Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number
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Save the completed form and E-mail it to: pistolpt@troopers.ny.gov.
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.

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