

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE APPLICATION
FINGERPRINT FORM

PERSONAL INFORMATION				
Last Name				Suffix
First Name	MI	Date of Birth	Driver's License # (or Non-Driver ID)	License State

FINGERPRINT IMPRESSIONS				
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		Applicant's Address	