REV 01/18

Nassau County Police Department

BRUCE A. BLAKEMAN
COUNTY EXECUTIVE

1490 Franklin Avenue
Mineola New York, 11501
(516) 573-7559

PATRICK J. RYDER
COMMISSIONER

AFFIDAVIT OF CHARACTER REFERENCE IN CONNECTION WITH PISTOL LICENSE INVESTIGATION OF APPLICANT

Instructions:

Applicant:

1. Complete the information below.
2. Give this form to your character references, and have them follow the instructions below.
3. After you receive this form back from your character references submit it with your application. If you have previously submitted your application you may deliver this form in person or by mail to the address below. You must include your name and fingerprint date in the spaces provided below.

Nassau County Police Department
Pistol License Section
1490 Franklin Avenue
Mineola, N.Y. 11501

APPLICANT:

LAST NAME	FIRST NAME	INITIAL

If you have been given a fingerprint appointment, enter that date below.

FINGERPRINT APPOINTMENT
/ /

Character Reference:

1. By providing this information you agree to complete this form independent of any influence from the applicant, or any other source.
2. The contents of this form will remain confidential. It will be used solely by the Nassau County Police Department to determine the applicant's suitability to possess a pistol license.
3. If you have any questions or feel the need to speak with an investigator, please call the Pistol License Section at 516-573-7559.
4. Print in black ink or type in the information.
5. Completely fill in the boxes and answer all questions on the back of this form.
6. Have the form notarized.
7. Give the form back to the applicant. He or she will deliver it to the NCPD Pistol License Section.

CHARACTER REFERENCE:

LAST NAME	FIRST NAME	INITIAL	
STREET ADDRESS	CITY/TOWN/VILLAGE	STATE	ZIP
HOME PHONE	BUSINESS PHONE	CELL PHONE	
DATE OF BIRTH	IF FEMALE, MAIDEN NAME	NAME OF EMPLOYER	
BUSINESS: STREET ADDRESS	CITY	STATE	ZIP

Please read and answer every question carefully. If you need more space, use the blank lines at the bottom and indicate the question number.

1. How long have you known the applicant? _____
2. What is your relationship to the applicant? _____
3. Do you recommend, without reservation, the applicant for a pistol license? _____
4. Do you know the applicant to be a responsible person? _____
5. Do you have any knowledge of the applicant abusing alcoholic beverages? _____
6. Do you have any knowledge of the applicant using illegal drugs? _____
7. Do you have any knowledge of any domestic problems involving the applicant? _____
8. Do you have any knowledge of the applicant ever threatening anyone, or displaying a violent temper? ____ If yes, under what circumstance? _____
9. Do you have any knowledge of the applicant associating with known criminals? ____ If yes, explain. _____
10. Do you have any knowledge of the applicant ever owning any handguns? If yes, give details: _____
11. Do you have any knowledge of the applicant ever suffering from, treated or hospitalized for any mental illness, or mental breakdowns? If yes, give details: _____
12. Do you now or have you ever held a pistol license? ____ If yes, where? _____
13. Please include any additional comments you may have below.

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_____

I HAVE ANSWERED ALL QUESTIONS ABOVE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW, STATE OF NEW YORK.

Sworn to before me this ___ day of _____, 20____

Notary _____ _____

SIGNATURE *SIGNATURE OF CHARACTER REFERENCE*