

CRAIG D. APPLE, SR.
SHERIFF

WILLIAM C. COX
UNDERSHERIFF



PAUL M. COURCELLE
CHIEF DEPUTY

MATTHEW J. CAMPBELL
CHIEF DEPUTY

ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400

WWW.ALBANYCOUNTYSHERIFF.COM

Personal Character Reference Form

APPLICANT'S NAME & ADDRESS: _____

(Check appropriate box) Pistol License Gunsmith / Dealer in Firearms

Under the provisions of section 400.00(4) of the New York State Penal Law this department is required to conduct an investigation relative to this applicant. Therefore, please answer the following questions truthfully and accurately. Kindly return the completed form back to the applicant as soon as possible.

How long have you known the applicant? _____

How do you know the applicant?

Does the applicant live at the address listed above? _____

Do you recommend the issuance of the permit requested to the applicant? _____

Explain:

Do you know of any reason why the applicant should not be issued the permit requested? _____

Explain:

Please provide a brief resume of the applicant's character

To the best of your knowledge, has the applicant ever:

- Been arrested, indicted or convicted anywhere for any offense other than traffic violations? Yes No
- Undergone treatment for alcohol or substance abuse? Yes No
- Used an illegal drug? Yes No
- Suffered any mental illness? Yes No
- Been admitted to or confined in any public or private mental health facility or hospital for the treatment of any mental illness? Yes No
- Been charged, petitioned against, a respondent in or otherwise been the subject of a proceeding in Family Court? Yes No

Please explain any answers of "Yes" to any of the questions above:

Name _____
Signed _____
Address _____
Phone _____

Signed and sworn to before me
this day of 20 at _____, New York

Notary Public