

Date of FingerPrints

ERIE COUNTY PPA-4R

Police Agency

Official use Only

Official use Only

APPLICANT INFORMATION

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address (INCL City, State & Zip)		Home Number	Cell Number
Mailing Address (if different)		Work Number	
Email Address		Country of Birth	
Employer	Job Title		

APPLICANT QUESTIONS

Any additional Last Names you were also known as?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name:
Are There Children living where the handguns will be stored or used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Ages:
Are you an active dues-paying member of a bona fide gun club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where:
Have you had any previous experience with firearms, long bows or cross bows, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____ _____		

CHARACTER REFERENCES

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address			
Home Number	Cell Number	Work Number	

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Pursuant to Section 400.00, Subdivision 4 of the New York State Penal Law, we are hereby requesting information regarding any previous or present mental illness of the following pistol permit applicant: Pursuant to the FBI Privacy Act Statement and the 28 CFR 50.12 notice, you are hereby acknowledging you have received such information:

Signature of Applicant: _____ Date: _____