



Application for Purchase of a Handgun

Your application will not be processed unless this form is completely filled out and all applicable questions answered. Be sure to provide all supporting documents. Enclose the appropriate fee, varying for each state in the form of credit card, money order, or check made payable to "NFTY Department of Programming Public Safety". Bring this application to each state where the leader there will evaluate your eligibility for a Firearm License. Take note of the differences between each state. You may fill out the application as you wish but please try to stick to your background role.

Fees are non refundable.

Name _____ Date of Birth _____ State/Country of Birth _____
(Last) (First) (Middle) (MM/DD/YYYY) (If born outside the US provide documentation)
(Please print full name as it appears on driver license or state issued ID)

Previously used Name(S)(Maiden, etc) _____ Social Security Number 123-45-6789

Physical Address 46 Bowen Rd. Warwick Orange New York 10990
(Street) (City) (County) (State) (Zip)

Mailing Address (if different from street address) _____

Home Phone# _____ Alt Phone# _____ Driver Lic # _____ St. _____

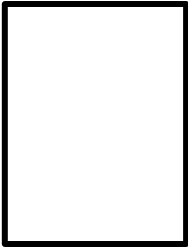
Height _____ Weight _____ Eye Color _____ Hair Color _____ Gender _____ Race _____

Employer _____ What is your citizenship? _____ Background# _____

Answer each of the following questions by checking the appropriate box:

	Yes	No
1. Are there currently any outstanding warrants for your arrest?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been judicially declared incompetent or insane?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been admitted to a mental health facility?	<input type="checkbox"/>	<input type="checkbox"/>
4. During the five years immediately preceding the date of this application, have you been convicted of driving under the influence of alcoholic or controlled substance(s) in this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
5. During the five years immediately preceding the date of this application, have you habitually used intoxicating liquor or narcotics to the extent that your normal faculties were impaired?	<input type="checkbox"/>	<input type="checkbox"/>
6. During the five years immediately preceding the date of this application, have you been committed for treatment of the abuse of alcoholic beverages or narcotics in this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
7. During the five years immediately preceding the date of this application, have you been committed for treatment of, or convicted of a crime related to controlled substance in this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
8. During the three years immediately preceding the date of this application, have you been convicted of a crime involving the use or threatened use of force or violence, punishable as a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been convicted of a felony in this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
10. During the five years immediately preceding the date of this application, have you been subject to any requirements imposed by a court as a condition to the courts withholding the entry of judgment of suspension of a sentence, for the conviction of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been convicted of a crime involving domestic violence or stalking in this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you currently subject to a restraining order, injunction or other order for protection against domestic violence in this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you currently on parole or probation for a conviction in this or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever renounced your United States citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you been dishonorably discharged from the Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>

Firearm Training Certification



Name of Instructor _____ Date of Completion _____

Check all that apply:

Full Course If full course, Written Test: Pass Fail Renewal Course

Instructor Signature _____

References

Do not fill out unless instructed to by a staff member. Acceptable references include North American Board Members or adult staff not working.

Reference 1

Name _____ Date of Birth _____ State/Country of Birth _____
(Last) (First) (Middle) (MM/DD/YYYY) (If born outside the US provide documentation)
 (Please print full name as it appears on driver license or state issued ID)

Physical Address 46 Bowen Rd. Warwick Orange New York 10990
(Street) (City) (County) (State) (Zip)

Reference 2

Name _____ Date of Birth _____ State/Country of Birth _____
(Last) (First) (Middle) (MM/DD/YYYY) (If born outside the US provide documentation)
 (Please print full name as it appears on driver license or state issued ID)

Physical Address 46 Bowen Rd. Warwick Orange New York 10990
(Street) (City) (County) (State) (Zip)

For Official Use Only

(Do Not Mark Below)

State	Result (circle)	Initial	State	Result (circle)	Initial
Arizona	Approved Denied		New Jersey	Approved Denied	
California	Approved Denied		Texas	Approved Denied	
Mississippi	Approved Denied				