AFFIDAVIT OF CHARACTER REFERENCE

APPLICANT: _____

Last First Middle

PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY

1. What is your full name? _____
2. What is your current address? _____
3. Maiden name? _____
4. Date of Birth: _____ Home Telephone Number: _____
5. Name of employer: _____ Business Telephone: _____
6. Business Address: _____
7. How long have you known the applicant? _____
8. What is your relationship to the applicant? _____
9. Do you recommend, without reservation, the applicant for a pistol license? _____
10. Do you know the applicant to be a responsible person? _____
11. Do you have knowledge of the applicant abusing alcoholic beverages? _____
12. Do you have knowledge of any domestic problems involving the applicant? _____
13. Do you have any knowledge of the applicant using illegal drugs? _____
14. Do you have any knowledge of the applicant ever threatening anyone, or displaying a violent temper? _____ If yes, under what circumstance? _____
    _____
15. Do you have knowledge of the applicant associating with known criminals? _____ If yes, explain. _____
16. Has the applicant ever, or does he/she now own or possess any handguns? _____
17. Do you have any knowledge of the applicant ever suffering from, being treated for or being hospitalized for any mental illness, or mental breakdowns? If yes, give details:
    _____

I HAVE ANSWERED ALL QUESTIONS IN THE ABOVE QUESTIONNAIRE 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**