Handgun License Interview Questionnaire

Name of Applicant: _____ **Application #:** _____

Applicant's Attorney Information (if applicable): _____

Translator Information (if applicable): _____

Any "YES" answer on this "Interview Questionnaire" MUST be supplemented with an explanation using the "Additional Information Page" provided at the end of the questionnaire.

		YES	NO
1.	Has anything changed since you submitted your application that requires you to change an answer on your application? Verify: email, name, telephone number(s), address(es).		
2.	Have you ever been employed by, or a volunteer at, any City, State, or Federal Agency?		
3.	Have you ever taken any civil service exams? Examples: NYPD, DOC, DOE, etc.		
4.	Have you ever applied for any other license or permit issued by any city, state, or federal agency? Examples: TLC, liquor license, etc.		
5.	Have you ever had, or applied for, any type of firearm license?		
a.	If you answered YES to Question 5, was your application ever disapproved?		
b.	If you answered YES to Question 5, have you ever had any firearm license suspended (for any length of time), cancelled, or revoked?		
6.	Has your Driver's License ever been suspended or revoked?		
7.	Have you ever been arrested, convicted, indicted, given a desk appearance ticket (DAT), or summonsed, for any offense, other than parking violations, in any jurisdiction (federal, state, local, or foreign)? **You must disclose arrests even if they were dismissed, sealed, voided, or nullified by operation of law. DO NOT rely on anyone else's representation that you do not need to disclose your arrest. We will receive a report of every arrest of every applicant. Failure to disclose an arrest is grounds for disapproval of a license.**		
8.	Are you receiving alcohol-related treatment or counseling?		
9.	Have you ever consumed alcohol to the point where your judgment is impaired?		
10.	In the last five (5) years have you ever been, or are you now, an unlawful user of, or addicted to, a controlled substance, a depressant, stimulant, or narcotic?		
a.	If you answered YES to Question 10, have you received any counseling or treatment?		
11.	Have you ever received counseling or treatment for mental health or stress-related reasons?		
12.	Have you ever been diagnosed with mental illness or stress-related illness?		
13.	Do you have any disability or condition that may affect your ability to safely possess or use a handgun?		
14.	Have you ever had a guardian appointed for you?		
15.	Have you ever been adjudicated mentally defective?		
16.	Has there ever been a determination by a court, board, commission or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs?		
17.	Have you ever been admitted and/or committed to a mental facility?		
18.	Has anyone ever filed a police report against you?		
19.	Have you ever filed a police report or been the victim of a crime?		
20.	Have the police ever responded to a Domestic Incident in which you were involved?		

21.	Do you know what an Order of Protection (restraining order) is?		
a.	If you answered YES to Question 21, have you ever been the subject of a Family Court and/or Criminal Court Order of Protection issued against you, even if it was in effect for only a short time period?		
22.	Is there any additional information related to your application that you would like to share with the License Division at this time?		
23.	Do you have any questions pertaining to this application process or interview?		
24.	Has anyone (including but not limited to, an attorney or "expeditor") helped you prepare/complete any part of your application?		
25.	List the name(s) and date(s) of birth (DOB), for each person who lives with applicant (in the same house or apartment). If applicant resides alone, check here: ☐		

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

26.	When do you feel that you have the right to use your firearm?

_____

_____

_____

_____

27.	I have been informed that the following documents are MISSING from my application. I understand that failure to submit required documentation will result in delays processing my application and may result in application disapproval.

- ☐ Valid State or Federal Photo Identification
- ☐ Proof of Date of Birth
- ☐ Social Security Card
- ☐ Proof of Citizenship or legal US Residence
- ☐ Proof of residence
- ☐ DMV Lifetime Abstract
- ☐ Affidavit of Co-Habitant Form(s)
- ☐ Safeguard Form & a copy of their photo ID
- ☐ Character references -- non-family
- ☐ Proof of Name Change
- ☐ All other currently held firearms licenses
- ☐ Arrest information
- ☐ Domestic Incident Report Information
- ☐ Order of Protection Information
- ☐ Military discharge
- ☐ Proof of Completion of acceptable training course

☐ Other: _____

Carry Guard/Gun Custodian Applicants ONLY		YES	NO
28.	Does the company allow you to take your gun home?		
29.	Will you be required to leave your gun at work?		

AFFIRMATIONS BY APPLICANT

My signature below affirms that I have been informed of my privacy rights, pursuant to the U.S. Privacy Act of 1974, for fingerprint-based background check requests used by the agency.

I affirm that I have reviewed my answers to all of the questions on this Questionnaire and they are true, complete, and accurate. Pursuant to Title 38 R.C.N.Y. § 5-10(e), ANY FALSE STATEMENTS MADE IN CONNECTION WITH MY APPLICATION CONSTITUTE GROUNDS FOR DISAPPROVAL.

Name of Applicant (printed) _____ **Signature of Applicant** _____ **Date** _____

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INTERVIEWER'S IMPRESSION OF APPLICANT		YES	NO
1.	Is there anything unusual about the applicant's demeanor or behavior that raises concern that it would be unsafe for the applicant to possess a firearm? *If "yes" explain:* _____		
2.	Does the applicant appear to be sufficiently physically fit to safely possess a firearm? *If "no" explain:* _____		
3.	Does the applicant appear to be sufficiently mentally fit to safely possess a firearm? *If "no" explain:* _____		

Date of Interview: _____ **Interviewer:** _____

ADDITIONAL INFORMATION PAGE # of

If you answer "YES" to any question on this "Interview Questionnaire" you MUST provide an explanation using this page. Please reference the Question Number(s) for which you are providing additional information. You may use as many "Additional Information Pages" as needed.

ADDITIONAL INSTRUCTIONS: If you answered YES to:

- Question 2 - provide Name of Organization, Title/Position, Length of Service, and reason for leaving.
- Question 3 - list each exam you've taken, your current status regarding it, and explain all rejections.
- Question 4 and/or 5 - list all license/permit applications and the name of the issuing agency. State whether any license/permit was revoked, suspended or canceled, and the reason.
- Question 7 - list each arrest/DAT/summons including date, location, offense type, and disposition.
  - Provide a detailed statement/explanation regarding each incident.
  - Submit a Certificate of Disposition for every arrest
  - If you have ever been convicted of, or pleaded guilty to, a felony, or a serious offense as defined by Penal Law § 265.00(17) you must submit an original "Certificate of Relief from Disabilities"
- Questions 8, 10, 11, 12, 13 - explain, and list name, address, and telephone number of any healthcare professional and/or organization that has provided counseling and/or treatment.
- Question 17 - indicate whether the commitment was voluntary or involuntary, explain, and list name, address, and telephone number of the facility.
- Questions 18, 19, 20 and/or 21(a) - list each occurrence including date, location, offense type, name of any other parties involved, and their relationship to you.

I affirm that any information that I have provided on this page is true and accurate. As per Title 38 of the Rules of the City New York §5-10(e), FALSE STATEMENTS MADE IN CONNECTION WITH YOUR APPLICATION MAY CONSTITUTE GROUNDS FOR DISAPPROVAL.

Name of Applicant (printed) **Signature of Applicant** **Date**