



# CITY OF WATERLIET POLICE DEPARTMENT

2-15<sup>TH</sup> ST., WATERLIET, NEW YORK 12189

(518)270-3819

PISTOLPERMITS@WATERLIET.COM



## **TO BE COMPLETED BY PISTOL/RIFLE PERMIT APPLICANT**

PLEASE CLEARLY TYPE OR PRINT ALL INFORMATION.

*This application must be completed by the applicant and not by someone acting on their behalf. For those with disabilities or are otherwise unable to complete the application on their own, the applicant must notify the assigned investigator.*

1. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

2. List below any former name(s). Female applicants list maiden name and any former marriage names: Not Applicable: ☐

\_\_\_\_\_

3. Contact Telephone Number(s): \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Home Address: \_\_\_\_\_

6. How long have you resided at this address? (Years and months): \_\_\_\_\_

7. Do you live alone: ☐ Yes ☐ No: If no, list other members of your household, including age & relationship to you:

\_\_\_\_\_

\_\_\_\_\_

8. **Family History:**

Marital Status: ☐ Single (never married) ☐ Married ☐ Domestic partnership ☐ Widowed ☐ Divorced/ Separated

Spouse or Domestic Partner's Name: \_\_\_\_\_

Ex-spouse/Separated Spouse's Name: \_\_\_\_\_ Not Applicable: ☐

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

9. **Education History:**

Name of High School attended: \_\_\_\_\_ City & State: \_\_\_\_\_

Did you graduate: ☐ Yes ☐ No ☐ GED ☐ Other: \_\_\_\_\_

Name of College attended: \_\_\_\_\_ City & State: \_\_\_\_\_

Did you graduate: ☐ Yes ☐ No ☐ Currently enrolled/in process ☐ Not Applicable

Level of Degree Awarded: ☐ Associates ☐ Bachelors ☐ Graduate School (Masters-level) ☐ Doctorate ☐ Not applicable

Degree Concentration/Major: \_\_\_\_\_



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10. **Employment History:**

Current Employer: \_\_\_\_\_

Employed Since: \_\_\_\_\_ (month/year) Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous/Former Employer: \_\_\_\_\_

Employed Start: \_\_\_\_\_ (month/year) Ended: \_\_\_\_\_ (month/year) Position/Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous/Former Employer: \_\_\_\_\_

Employed Start: \_\_\_\_\_ (month/year) Ended: \_\_\_\_\_ (month/year) Position/Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

11. If you were, or currently are a member of the military, list the branch, dates served and what type of discharge was received.

If not applicable (never served in the miliary), check here: ☐

Branch: \_\_\_\_\_ Dates Served (Mo/Yr): \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

12. If you were, or are currently a member of law enforcement, list what agencies, dates of service reason for leaving, if applicable.

If not applicable (never a member of law enforcement), check here: ☐

Agency: \_\_\_\_\_ Dates Served (Mo/Yr): \_\_\_\_\_ Reason for leaving (if applicable): \_\_\_\_\_

13. List any clubs or organizations you were or are a member of: \_\_\_\_\_

14. Do you have a New York State Hunting License: ☐ Yes ☐ No - What type(s): \_\_\_\_\_

*If you currently possess a hunting license, you must include a copy of it with this application.*

15. Have you ever been the subject of an order of protection/restraining order"? ☐ Yes ☐ No

If yes, include the court name, location and date of issuance \_\_\_\_\_

16. Type of permit you are requesting: ☐ Pistol/Revolver ☐ Semi-Automatic Rifle

