

CITY OF WATERVLIET POLICE DEPARTMENT

2-15TH ST., WATERVLIET, NEW YORK 12189 (518)270-3819
PISTOLPERMITS@WATERVLIET.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 Nam	e:	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.							
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 Na	nme:			
9.	Education History:						
	Name of High School attended	City & Sta	nte:				
	Did you graduate:						
	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:						



10. Employment History:

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	Current Employer:					
	Employed Since:	(month/year)	Position/Title:			
	Supervisor:		Phone Number:			
	D : /F F 1					
				Position/Title:		
	Reason for leaving:					
Supervisor: Phone Number:						
	Previous/Former Employe	er:				
				Position/Title:		
	•					
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 (M	1o/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.					
12.						
	If not applicable (never a member of law enforcement), check here:					
	Agency:	Dates Served (N	Mo/Yr):	Reason for leaving (if applicable):		
13.	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 rec	questing: Pistol/Revolver	Semi-Automatic R	ifle		



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Please explain in detail your reason for requesting the permit. If you are requesting a pistol permit for employment purposes, include a signed/dated letter from your employer on company stationery verifying your employment and reason your require to carry a handgun while working.					
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READ BEFORE By signing and filing this application, I understand that members from 've provided. I also certify I have reviewed the information provided any false statements made in this application is punishable as a Clas the NYS Pe	n the Watervliet Police Department will verify the information to herein and it is truthful, accurate, and complete. I understand the s A Misdemeanor under section 175.39 and/or Section 210.45 or				
Signature of Applicant:	Date:				
Date application submitted to the Watervliet Police Department:					