



New York City Police Department

License Division

One Police Plaza Room 110A

New York, NY 10038

Office- (646) 610-5536

Fax- (646) 610-6399

INSTRUCTIONS FOR LAW ENFORCEMENT (NON-NYPD) RETIREES

All applicants for retired law enforcement handgun licenses must submit the following documents:

- 1) An **application** (PD-643-041), which must be **typewritten** (a form-fillable pdf is available online for this purpose).
- 2) One (1) recent **color photograph** (1 ½ X 1 ½), passport type, front view.
- 3) **Fingerprint fee** of \$91.50. This fee may be paid by credit card or by money order (Postal or U.S. Bank) made payable to the New York City Police Department (License Division). This **non-refundable fee** must be paid by all applicants.
- 4) Retirees from Federal Law Enforcement agencies, and retirees who are not eligible for the fee waiver provided by Penal Law §400.00(14) or NYC Administrative Code §10-131(a)(7) are required to pay an **application fee of \$340.00**. This fee may be paid by credit card or by money order (Postal or U.S. Bank) which should be made payable to the New York City Police Department (License Division). Please note that **cash will not be accepted**.
- 5) Complete and submit the following forms with your application: **Firearm Removal Inquiry, Affidavit of Familiarity with Rules and Laws, Acknowledgement of Person Agreeing to Safeguard Firearms, and Affidavit of Co-Habitant**.
- 6) Non-NYPD retirees must bring their **ID card stamped "RETIRED"** and a **Certificate of Service** (also known as a good-guy letter) from their agency. The certificate must be on agency letterhead, signed by the agency head or a designated representative, and should contain the following information about the applicant:
 - Name, rank and social security number
 - Date of appointment and date of retirement from your agency
 - Certification that the applicant has no record of mental illness and was authorized by the agency to carry firearms at time of retirement.
 - A statement that: (1) the applicant's firearm(s) were never removed for medical or departmental reasons, or (2) if firearms were ever removed, the dates of removal and restoration, and a statement explaining the reason for the removal and the reason for the restoration of the authority to carry firearms.
 - A statement that the applicant is not under investigation by the agency.
 - A statement that the applicant has no disciplinary action pending.
 - A statement that there are no reasons why the handgun license should not be issued to the applicant.
 - The letter must also state the **make, model, caliber and serial number** of the weapon(s) owned or possessed by the applicant in the course of his or her official duties.
- 7) If your agency is safeguarding your firearm(s) until your license is issued, provide a copy of the gun receipt from your agency.
- 8) A **current utility bill** and a **NYS driver's license** listing your home address must be submitted.
- 9) Some retired law enforcement officers who **reside outside of NYC** must obtain a NYC Special Carry license in addition to a carry license from their resident county in order to be properly licensed in NYC. If the county license does not state "retired police officer" or "retired federal law enforcement officer," a NYC Special Carry license is required. **Those who require a Special Carry license** must show "proper cause" for the need to carry in NYC, and **must obtain the carry license from the resident county prior to applying for Special Carry license here**.
- 10) Report to the License Division, Room 110A, 1st Floor, One Police Plaza **Monday to Friday between 0830 and 1600** hours for processing.

Photo taken within
30 days prior to date
of application.

FRONT VIEW
1½ x 1½
Square

HANDGUN LICENSE APPLICATION

POLICE DEPARTMENT • CITY OF NEW YORK

PD 643-041 (Rev. 11-10)



LICENSE DIVISION
1 POLICE PLAZA
NEW YORK, N.Y. 10038



OFFICIAL USE ONLY

NYSID NUMBER

DATE

APPLICATION NUMBER

OLD LICENSE NUMBER

All applications must be typewritten. **DO NOT MAKE ENTRIES IN SHADED AREAS.** Necessary fee must accompany application. Make Bank Check, Certified Check or Money Order payable to the Police Department, City of New York. Payment may also be made by credit card. Not refundable if application is disapproved. (Administrative Code Sec. 10-131)

SECTION A

TO BE ANSWERED BY ALL APPLICANTS

- ☐ CARRY BUSINESS ☐ CARRY GUARD/SECURITY ☐ RETIRED POLICE OFFICER
☐ LIMITED CARRY ☐ GUN CUSTODIAN ☐ PREMISES (Indicate ☐ Residence ☐ Business)
☐ SPECIAL (out of city validation.) CARRY

LICENSE NUMBER (Renewal Applicant)	YEAR	Do you possess any other NYC Handgun Lic.? If YES TYPE LIC. NO.		<input type="checkbox"/> Complaint No. <input type="checkbox"/> Lost <input type="checkbox"/> Mutilated	
1. Last Name	First Name	M.I.	Maiden Name/Alias		Corp Code Cust Code
2. Legal Address (Street No.)		Apt. #	City or Town	State	Zip Code
3 <input type="checkbox"/> Citizen <input type="checkbox"/> Alien	Alien Registration Number	Social Security Number		Res. Pct.	OCC Code Total Guns Code
Home Phone No.		Cell Phone No.		Email Address	
4. Place of Birth - City, State, Country		Age	Date of Birth	Hgt. (inches)	Wgt. Sex Color of Hair Color of Eyes

EMPLOYMENT INFORMATION

5. Name of Business		Type of Business	Bus. Pct.
6. Business Address (Street No.)		City or Town	State Zip Code
7. Bus. Telephone No./Day	Occupation (Owner - Employee - Gun Custodian)	How many other persons in this business have N.Y.C. Handgun Licenses?	
8. If applicable, list name, job title and license number of company gun custodian			

VALIDATION OF OUT OF CITY LICENSE (Special Handgun License ONLY)

9. Basic License Number	Issued By	County	Date Issued	Expiration Date
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LIST HANDGUNS FOR THIS APPLICATION ONLY

10. (ORIGINAL APPLICANT LEAVE BLANK)				TYPE	OWNER	MAKE CODE
MAKE	MODEL	GUN SERIAL NUMBER	CALIBER	R Revolver A Automatic	E Employer S Self	
001						
002						

NOTICE

Pursuant to Penal Law Section 400.00(5), the name and address of any person to whom an application for any license has been granted, shall be a public record.

OFFICIAL USE ONLY Right Thumb

SIGNATURE OF PERSON PRINTED

SECTION B

Applicants must answer questions 10 through 24. Additionally questions 29 through 31 must be answered chronologically and in detail. If you have answered YES to question(s) 10 through 28 you MUST use the HANDGUN LICENSE APPLICATION ADDENDUM (PD 643-041A) to explain such answer(s) in complete detail. A FALSE STATEMENT SHALL BE GROUNDS FOR DENIAL OF A N.Y.C. HANDGUN LICENSE

HAVE YOU EVER...

10. Had or ever applied for a Handgun License issued by any Licensing Authority in N.Y.S.? ☐ Yes ☐ No
11. Been discharged from any employment? ☐ Yes ☐ No
12. Used narcotics or tranquilizers? List doctor's name, address, telephone number, in explanation. ☐ Yes ☐ No
13. Been subpoenaed to, or testified at, a hearing or inquiry conducted by any executive, legislative or judicial body? ☐ Yes ☐ No
14. Been denied appointment in a civil service system, Federal, State, Local? ☐ Yes ☐ No
15. Served in the armed forces of this or any other country? ☐ Yes ☐ No
16. Received a discharge other than honorable? ☐ Yes ☐ No
17. Been rejected for military service? ☐ Yes ☐ No
18. Are you presently engaged in any other employment, business or profession where a need for a firearm exists? ☐ Yes ☐ No
19. Had or applied for any type of license or permit issued to you by any City, State or Federal agency? ☐ Yes ☐ No
20. Has any corporation or partnership of which you are an officer, director, or partner, ever applied for or been issued a license or permit issued by the Police Dept? Give type, year, license number, in explanation. ☐ Yes ☐ No
- 20a. Has any officer, director or partner ever applied for or been issued a license or permit issued by the Police Department? Give type, year, license number, in explanation. ☐ Yes ☐ No
21. Suffered from mental illness, or due to mental illness received treatment, been admitted to a hospital or institution, or taken medication? List Doctor's/Institutions, Name, Address, Phone #, in explanation .. ☐ Yes ☐ No
22. Have you ever suffered from any disability or condition that may affect your ability to safely possess or use a handgun? List Doctor's Name, Address, Phone #, in explanation. ☐ Yes ☐ No

NOTE: The following conditions must be listed: Epilepsy, Diabetes, Fainting Spells, Blackouts, Temporary Loss of Memory or any Nervous Disorder.

Before answering questions number 23 thru 26, read paragraph 7 of the instructions completely.

23. Been arrested, indicted, or summonsed for **ANY** offense other than Parking Violations, in **ANY** jurisdiction, federal, state, local or foreign? You must include cases that were dismissed and/or the record sealed. List the following: date, time, charge(s), disposition, court and police agency. (False statements are grounds for disapproval). ☐ Yes ☐ No
24. Have you ever, or do you now have an Order of Protection issued against you? ☐ Yes ☐ No
25. Have you ever, or do you now have an Order of Protection issued by you against a member of your household, or any family member? ☐ Yes ☐ No
26. Have you ever, or do you now have an Order of Protection issued by you against a person other than a member of your household or family? ☐ Yes ☐ No

If you have answered yes to questions 24 - 26, you must indicate the following information:

- a. Court of Issuance
 - b. Date of Issuance
 - c. Complainant's Name, Address and Telephone Number
 - d. Complainant's relationship to you
 - e. Reason for issuance of Order of Protection
27. Have the police ever responded to a domestic incident in which you were involved? ☐ Yes ☐ No
 28. Used any variation in spelling of your name or any other name used? (Alias), explain. ☐ Yes ☐ No

FROM (MONTH AND YEAR)	TO	LIST ALL PLACES OF RESIDENCE FOR PAST FIVE (5) YEARS RESIDENCE (Include State, County, Zip Code and Apt. No.)	PRECINCT
29.	PRESENT		

FROM (MONTH AND YEAR)	TO	LIST ALL PLACES OF EMPLOYMENT FOR PAST FIVE (5) YEARS BUSINESS NAME AND ADDRESS (Include State, County, Zip Code and Apt. No.)	OCCUPATION	PRECINCT
	PRESENT			

30. How and where will handgun(s) be safeguarded when not in use? (Location outside of N.Y. State is unacceptable).
31. Give name, address, relation and telephone number of person who will safeguard handgun(s) in case of applicant's death or disability. Must be a N.Y. State resident.

The undersigned affirms that the statements made and answers given herein are accurate and complete, and hereby authorizes the New York City Police Department, License Division to make appropriate inquiries in connection with processing this application. **False written statements in this document are punishable** under Section 210.45 of the New York Penal Law (making a punishable false written statement) and also will be sufficient cause for denial of an application, license or permit by the New York City Police Department, License Division.

Date	Signature		
INVESTIGATING OFFICER'S SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
SUPERVISOR'S SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
C.O. INVEST. SECTION SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON
C.O. LICENSE DIVISION SIGNATURE	DATE	TAX REGISTRY NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL and REASON



HANDGUN LICENSE APPLICATION
ADDENDUM
PD 643-041A (11-10)

This form is to be used to provide a detailed explanation for any “**yes**” answers to questions 10 through 28 on the **HANDGUN LICENSE APPLICATION (PD 643-041)**. This form may be reproduced if necessary.

Question Number	Detailed Explanation

The undersigned affirms that the statements made and answers given herein are accurate and complete, and hereby authorizes the New York City Police Department, License Division to make appropriate inquiries in connection with processing this application. **False written statements in this document are punishable** under Section 210.45 of the New York Penal Law (making a punishable false written statement) and also will be sufficient cause for denial of an application, license or permit by the New York City Police Department, License Division.

Date _____ Signature _____

NEW YORK CITY CHARTER
CHAPTER 18-C: PUBLIC SAFETY*

NYC Charter § 460

§ 460 Gun-free school safety zones.

a. It shall be a crime for any individual knowingly to possess a firearm at a place that the individual knows, or has reasonable cause to believe, is a school zone.

b. Subdivision a of this section shall not apply where the firearm is:

(i) possessed and kept in such individual's home in a school zone, provided that such individual is licensed or permitted to possess such firearm; or

(ii) possessed and kept at such individual's business in a school zone, provided that such individual is licensed or permitted to possess such firearm.

c. Affirmative defenses to the crime established in subdivision a shall include possession of a firearm:

(i) carried for personal safety between such individual's business, home, or bank in a school zone, provided that such individual is licensed or permitted to possess such firearm for such purpose;

(ii) just purchased or obtained by such individual and being transported that same day for the first time to such individual's home or business in a school zone where it will be stored, provided that such individual is licensed or permitted to possess such firearm;

(iii) carried between a police department facility for inspection and an individual's business, home, bank, or point of purchase in a school zone, provided that such individual is licensed or permitted to possess such firearm;

(iv) carried by licensed or permitted individuals and being transported to or from an authorized target practice facility;

(v) carried between a gunsmith for demonstrably needed repairs and an individual's business or home in a school zone, provided that such individual is licensed or permitted to possess such firearm;

(vi) used in an athletic or safety program approved by a school in a school zone, or by the police commissioner, or in accordance with a contract entered into between a school within the school zone and the individual or an employer of the individual, provided that such individual is licensed or permitted to possess such firearm for such purpose; or

(vii) used in accordance with a contract entered into between a business within the school zone and the individual or an employer of the individual, provided that such individual is licensed or permitted to possess such firearm for such purpose.

d. It shall be a crime for any person, knowingly or with reckless disregard for the safety of another, to discharge a firearm in a school zone.

e. Affirmative defenses to the crime established in subdivision d shall include discharge of a firearm:

(i) by an individual for self-defense, provided that such individual is licensed or permitted to possess such firearm for such purpose;

(ii) for use in a special event or safety program authorized by a school in a school zone or by the police commissioner;

(iii) by an individual in accordance with a contract entered into between a school in the school zone and the individual or an employer of the individual, provided that such individual is licensed or permitted to possess such firearm for such purpose; or

(iv) by an individual in accordance with a contract entered into between a business and the individual or an employer of the individual, provided that such individual is licensed or permitted to possess such firearm for such purpose.

f. Any person who violates this section shall be guilty of a misdemeanor, punishable by imprisonment of not more than one year or by a fine of not more than ten thousand dollars, or both.

g. In addition to the penalties prescribed in subdivision f of this section, any person who violates this section shall be liable for a civil penalty of not more than ten thousand dollars.

h. This section shall not apply to a police officer, as such term is defined in section 1.20 of the criminal procedure law, or a federal law enforcement officer, as such term is defined in section 2.15 of the criminal procedure law.

i. The police commissioner may promulgate rules implementing the provisions of this section. The police commissioner shall provide written notice of the requirements of this section to all persons who receive an official authorization to purchase a firearm and to all persons applying for a license or permit, or renewal of a license or permit. Failure to receive such notice shall not be a defense to any violation of this section.

j. The city of New York and its agencies, officers or employees shall not be liable to any party by reason of any incident or injury occurring in a gun-free school safety zone arising out of a violation of any provision of this section.

NEW YORK CITY CHARTER
CHAPTER 18-C: PUBLIC SAFETY*

NYC Charter § 459

§ 459 Definitions.

a. The term "school" means a public, private or parochial, day care center or nursery or pre-school, elementary, intermediate, junior high, vocational, or high school.

b. The term "school zone" means in or on or within any building, structure, athletic playing field, playground or land contained within the real property boundary line of a public, private or parochial day care center or nursery or pre-school, elementary, intermediate, junior high, vocational, or high school, or within one thousand feet of the real property boundary line comprising any such school.

c. The term "firearm" means a firearm, rifle, shotgun, or assault weapon, as such terms are defined in section 10-301 of the administrative code, or a machine gun, as defined in penal law section 265.00.

HISTORICAL NOTES:

Section added at General Election, November 6, 2001 (Question 3 § 1) eff. immediately upon certification that electors have approved the amendments.

AFFIRMATION OF FAMILIARITY WITH RULES AND LAW
(38 RCNY 5-33)

License number _____

The undersigned affirms and acknowledges that he/she has knowledge of and shall be responsible for compliance with all laws, rules, regulations, standards and procedures promulgated by federal, state, or local jurisdictions, and by federal, state, or local law enforcement agencies that are applicable to this license.

False written statements in this document are punishable under Section 210.45 of the New York Penal Law (making a punishable false written statement) and also will be sufficient cause for denial of an application, license or permit by the New York City Police Department, License Division.

Date_____ Signature_____

Print name_____



Affidavit of Co-Habitant

State of New York

County of _____ ss.:

I, _____, residing at
(Name of person making affidavit)

(Address, including zip code)

in the City of New York, do hereby affirm that the applicant,

(Name of applicant)

currently resides with me at the above address.

My relationship to the applicant is _____.
(Nature of relationship)

My telephone number is (H) _____

(C) _____

(W) _____

I understand that the applicant has applied for a rifle/shotgun permit or handgun license from the New York City Police Department, and I have no objection to him/her receiving a permit or license and storing firearms in my home.

(Signature)

Sworn to before me this

_____ day of _____

Notary Public



New York City Police Department

License Division

One Police Plaza
New York, NY 10038
(646) 610-5560



Acknowledgement of Person Agreeing to Safeguard Firearm(s)

Name of Applicant / Licensee: _____

Application / License Number: _____

Instruction to Applicant / Licensee: Please ask the person you have designated to safeguard and surrender your firearm(s) in the event of your death or incapacity to complete the information below and sign this acknowledgement before a witness.

(The person you designate must be a New York State resident.)

Print Name: _____
Last First M.I.

Address: _____
Number & Street Name Apt City State Zip

Telephone Numbers: _____
Home Cell Business

I, _____
(Print name of person agreeing to safeguard firearms)

understand that the above-named applicant/licensee has designated me to safeguard and surrender his/her firearm(s) in the event that he/she dies or becomes incapacitated. I agree that upon learning of the death or incapacity of the licensee, I will immediately notify the New York City Police Department's License Division at (646) 610-5871 or (646) 610-5560, or by calling the local police precinct, and will follow their directions to safeguard and surrender his/her firearm(s).

Signature of person agreeing
to safeguard firearm(s): _____ Date: _____

Witnessed by (signature) _____

Witness' name (printed) _____

Please retain a copy of this document for your records

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: ☐ **an applicant** for a firearms license ☐ **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth _____

Address _____ City _____ State _____

Firearms License # (if applicable) _____ Date Issued _____

Licensing Authority / County of Issuance or Application _____

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: *(check all that are applicable)*

☐ **1. My life or safety may be endangered by disclosure because:**

- ☐ A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- ☐ B. I am a protected person under a currently valid order of protection;
- ☐ C. I am or was a witness in a criminal proceeding involving a criminal charge;
- ☐ D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

☐ **2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below:** *(Must be explained in item 5 below)*

☐ **3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.**

(Please check any that apply)

A _____ B _____ C _____ D _____

☐ **4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.**

5. *(Please provide any additional supportive information as necessary)*

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature

Date



New York City Police Department

License Division

One Police Plaza
New York, NY 10038
(646) 610-5536



Name: _____

Application #: _____

Have your firearm(s) ever been **removed** from you at any time or **surrendered** for any reason during your career as a law enforcement officer?

No _____ Yes _____

If your answer is Yes, please explain the circumstances in detail and indicate when your firearm(s) were returned to you: (This form is necessary for a complete file, but will not affect the decision to issue a retired law-enforcement handgun license to a member retiring in good standing with firearms.)

Signature

False written statements in this document are punishable under Section 210.45 of the NY Penal Law (making a punishable written statement) and also will be sufficient cause for denial of an application, license or permit by the New York City Police Department, License Division)