

Nassau County



Police Department

THOMAS R. SUOZZI  
COUNTY EXECUTIVE

1490 Franklin Avenue  
Mineola, New York 11501  
(516) 573-7000

LAWRENCE W. MULVEY  
COMMISSIONER

**AFFIDAVIT OF CHARACTER REFERENCE IN CONNECTION  
WITH PISTOL LICENSE INVESTIGATION OF APPLICANT**

**Instructions:**

**Applicant:**

- 1. Complete the information below with your name and your investigator's name.
- 2. Give this form to your character references, and have them follow the instructions below.

**Character Reference:**

- 1. The individual providing this reference agrees to complete this form independent of any influence from the applicant, or any other source.
- 2. The contents of this reference will remain confidential. It will solely be used by the Nassau County Police Department to determine the applicant's suitability to possess a pistol license.
- 3. Print in black ink or type in the information.
- 4. Completely fill in the boxes and answer all questions on the back of this form.
- 5. Have the form notarized.
- 6. Mail the form to the address listed below as soon as possible, but no later than 30 days after receiving the form from the applicant.
- 7. *Include the name of the investigator listed below on the front of the mailing envelope.*

Nassau County Police Department  
Pistol License Section  
1490 Franklin Avenue  
Mineola, N.Y. 11501

ATTN: *(Name of investigator)*

**APPLICANT:**

LAST NAME	FIRST NAME	INITIAL	PISTOL LICENSE NUMBER
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**INVESTIGATOR:**

RANK	LAST NAME	FIRST NAME
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**CHARACTER REFERENCE:**

LAST NAME	FIRST NAME	INITIAL
STREET ADDRESS / CITY / STATE / ZIP		
HOME PHONE	BUSINESS PHONE	CELL PHONE
DATE OF BIRTH	IF FEMALE, MAIDEN NAME	NAME OF EMPLOYER
BUSINESS: STREET ADDRESS / CITY / STATE / ZIP		

Please read and answer every question carefully. If you need more space, use the blank lines at the bottom and indicate the question number.

1. How long have you known the applicant? \_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_
3. Do you recommend, without reservation, the applicant for a pistol license? \_\_\_\_\_
4. Do you know the applicant to be a responsible person? \_\_\_\_\_
5. Do you have any knowledge of the applicant abusing alcoholic beverages? \_\_\_\_\_
6. Do you have any knowledge of the applicant using illegal drugs? \_\_\_\_\_
7. Do you have any knowledge of any domestic problems involving the applicant? \_\_\_\_\_
8. Do you have any knowledge of the applicant ever threatening anyone, or displaying a violent temper? \_\_\_\_ If yes under what circumstance? \_\_\_\_\_
9. Do you have any knowledge of the applicant associating with known criminals? \_\_\_\_ If yes, explain. \_\_\_\_\_
10. Do you have any knowledge of the applicant ever owning any handguns? If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
11. Do you have any knowledge of the applicant ever suffering from, treated or hospitalized for any mental illness, or mental breakdowns? If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
12. Do you now or have you ever held a pistol license? \_\_\_\_ If yes where? \_\_\_\_\_
13. Please include any additional comments you may have below.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I HAVE ANSWERED ALL QUESTIONS ABOVE 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