

Handgun Permit Character Reference

PISTOL CLERK



DELAWARE COUNTY SHERIFF'S OFFICE

Name of Applicant:

I, , being duly sworn in, answer to the following questions, deposes, and says:

1. How long have you known the applicant?

2. What has been the nature of your association with the applicant?

☐ Social ☐ Business ☐ Other:

3. What is the applicant's general reputation in the community?

4. Is the applicant a bona-fide resident of this County?

☐ Yes ☐ No

5. To your knowledge, has the applicant ever suffered any mental illness or been confined to any hospital or private institution for mental illness?

☐ Yes ☐ No

6. To your knowledge, has the applicant ever been arrested and/or convicted of any crime?

☐ Yes ☐ No

7. Do you consider the applicant a proper person to possess a firearms license?

☐ Yes ☐ No

8. Is the applicant of good moral character?

☐ Yes ☐ No

9. State your reason(s) why the applicant should be issued a license:

10. State any reason(s) why you feel the applicant should be denied a license:

- If it is necessary, your answers may be written on the back of this form.
- A clear copy of Driver's License for Character Reference must be attached.

Please return form to applicant or mail form to: Delaware County Pistol Clerk, 280 Phoebe Lane, Suite 1, Delhi, NY 13753

<i>[SIGNATURE OF CHARACTER REFERENCE]</i>	JURAT: STATE OF _____ COUNTY OF _____
DATE FORM SIGNED:	<i>[Notary Public]</i>
DATE OF BIRTH:	
ADDRESS:	
HOME PHONE NUMBER:	
CELL PHONE NUMBER:	<i>[STAMP]</i>