

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 country? 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>	