



# ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400  
[WWW.ALBANYCOUNTYSHERIFF.COM](http://WWW.ALBANYCOUNTYSHERIFF.COM)



**WILLIAM C. COX**  
UNDERSHERIFF

**CRAIG D. APPLE, SR.**  
SHERIFF

**PAUL M. COURCELLE**  
CHIEF DEPUTY

## Personal Character Reference Form

APPLICANT'S NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

(Check appropriate box)       Pistol License       Gunsmith / Dealer in Firearms

Under the provisions of section 400.00(4) of the New York State Penal Law this department is required to conduct an investigation relative to this applicant. Therefore, please answer the following questions truthfully and accurately. Kindly return the completed form back to the applicant as soon as possible.

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_  
\_\_\_\_\_

Does the applicant live at the address listed above? \_\_\_\_\_

Do you recommend the issuance of the permit requested to the applicant? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Do you know of any reason why the applicant should not be issued the permit requested? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Please provide a brief resume of the applicant's character

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, has the applicant ever:

Been arrested, indicted or convicted anywhere for any offense other than traffic violations?  Yes  No

Undergone treatment for alcohol or substance abuse?  Yes  No

Used an illegal drug?  Yes  No

Suffered any mental illness?  Yes  No

Been admitted to or confined in any public or private mental health facility or hospital for the treatment of any mental illness?  Yes  No

Been charged, petitioned against, a respondent in or otherwise been the subject of a proceeding in Family Court?  Yes  No

Please explain any answers of "Yes" to any of the questions above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Signed and sworn to before me

Signed \_\_\_\_\_

this      day of      20      at

Address \_\_\_\_\_

\_\_\_\_\_, New York

Phone \_\_\_\_\_

\_\_\_\_\_

Notary Public