



**REQUEST FOR APPLICANT'S
EMPLOYMENT RECORD**

New York City Police Department

License Division

Applicant Investigation Section

One Police Plaza

New York, NY 10038

Office (646) 610-5560

Fax (646) 610-6399

_____ Date

THIS IS AN INQUIRY CONCERNING:

Name	Address		
Employed By You As	From	To	
Social Security No.	Date Of Birth		

I hereby give my written consent and request and authorize you to turn over any and all employment records relating to my employment.

I acknowledge by this authorization that I release you from any obligation or liability in the disclosure of the contents of such files and the professional observations or opinions

I further request that such records be forwarded to the Police Department Investigator, named below.

Applicant's Signature

Social Security Number

The above named person is an applicant for a handgun license and states he/she was employed by you in the capacity and for the period(s) shown above.

I have been assigned by the Police Commissioner to investigate the character and record of this applicant in order to determine his/her eligibility to possess a Handgun License.

You can assist this department in its efforts to approve persons of good moral character if you will furnish the information requested on the second page of this letter. All information will be treated as confidential.

Your cooperation and prompt reply will be greatly appreciated.

Rank/Name	Tax	Shield
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