

 <b>CARRY GUARD PISTOL LICENSE APPLICATION - COMPANY</b>	<b>LICENSE DIVISION</b> 1 Police Plaza, Rm 110 A New York, NY 10038 (646) 610 - 4611		Date
			Application No.
Name of Applicant (Last Name, First Name, M.I.)			Old License No.
Address (Street, City or Town, State, Zip Code)			License No.
Date of Birth	Social Security No.	Year	
Name of Company Seeking Permit for Applicant			
Business Address			
Business Telephone Number	Type of Business		
License Type:	License Number:	License Issue Date:	License Expiration Date:
President/Principal Owner	Qualifying Officer:		
Gun Custodian	Pistol License No.		
Is Applicant Currently Employed By Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of First Employment:	Position:	
Duties:			
If License Is Granted, What Position Will Applicant Hold?			
Duties:			

**DO YOU UNDERSTAND THAT:**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| • Applicant must work a minimum of 20 hours per week for your company?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Applicant must commence work within 15 days of issuance of license?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • On a semi-annual basis, you will be required to forward to the License Division two (2) forms, copies of which will be provided, signed by the president or principal owner, qualifying officer and gun custodian, each of whose signature must be notarized. One form must set forth the hours worked by each licensee per month. The second form must set forth the individuals whose employment has been terminated, whether by death or other reasons? | <input type="checkbox"/> | <input type="checkbox"/> |
| • You will be required to permit properly identified representatives of the New York City Police Department to examine company records pertaining to pistol licensees?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • This license or renewal, if granted, is valid only when applicant is performing described duties for company?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • During those periods that applicant will not be reporting to work due to illness or vacation, the gun custodian will be responsible for the security of the weapon?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • In the event of applicant's death or termination of employment, the gun custodian must be responsible for the security of the gun and for the prompt notification, in writing, to the New York City Police Department License Division?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Failure to comply with the rules and regulations of the New York City Police Department License Division or failure to comply with all of the above conditions set forth herein will result in cancellation of all pistol permits issued to employees of the company?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • In the event of termination of employment, the licensee must be responsible for the prompt surrender of his pistol license to the New York City Police Department License Division.  | <input type="checkbox"/> | <input type="checkbox"/> |

**PENALTY FOR FALSIFICATION: Falsification of Any Statement Is an Offense Punishable By Imprisonment**  
(N.Y.S. Penal Code Article 210 and Related Offense)

**NOTARIZED SIGNATURE**

SWORN TO BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

BEING DULY SWORN DEPOSES AND SAYS THAT I HAVE READ THIS APPLICATION AND ALL THE ANSWERS CONTAINED HEREIN ARE TRUE.

\_\_\_\_\_  
President / Principal Owner

**NOTARIZED SIGNATURE**

SWORN TO BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

BEING DULY SWORN DEPOSES AND SAYS THAT I HAVE READ THIS APPLICATION AND ALL THE ANSWERS CONTAINED HEREIN ARE TRUE.

\_\_\_\_\_  
Qualifying Officer

**NOTARIZED SIGNATURE**

SWORN TO BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

BEING DULY SWORN DEPOSES AND SAYS THAT I HAVE READ THIS APPLICATION AND ALL THE ANSWERS CONTAINED HEREIN ARE TRUE.

\_\_\_\_\_  
Gun Custodian

**NOTARIZED SIGNATURE**

SWORN TO BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

BEING DULY SWORN DEPOSES AND SAYS THAT I HAVE READ THIS APPLICATION AND ALL THE ANSWERS CONTAINED HEREIN ARE TRUE.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
INVESTIGATING OFFICER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TAX REGISTRY #

APPROVAL

DISAPPROVAL AND REASON

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TAX REGISTRY #

APPROVAL

DISAPPROVAL AND REASON

\_\_\_\_\_  
C.O. LICENSE DIVISION SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TAX REGISTRY #

APPROVAL

DISAPPROVAL AND REASON