



# Downstate New York Diasporans Firearm Club

A Chapter of National African American Gun Association

## Licensing & Permits Pre-Screening Form

For DNY-DFC to assist our Members properly, please fully complete the questions below to ensure that you meet the prerequisites for applying for a firearm permit/license in NYS/NYC. You will be notified by our Administrative Assistant after your form has been reviewed.

Please return the form to [admin@nydfirearmclub.org](mailto:admin@nydfirearmclub.org) for further processing.

### Section 1: Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County:  Nassau  Suffolk  Westchester  NYC (5 boroughs)  Other \_\_\_\_\_

Are you over the age of 18? Yes  No  If '**NO**', you must have an adult sponsor to join.

(\_\_\_\_) \_\_\_\_\_

Mobile Phone Number

Email Address: \_\_\_\_\_

Do you currently possess a Firearm Permit?

Yes  No

If '**YES**' Please indicate the jurisdiction and type of permit: \_\_\_\_\_

Please indicate the type of permit/license you want to apply for:

Handgun License: Yes  No

a) Residence Premises Yes  No

b) Carry Yes  No

Rifle & Shotgun Permit: Yes  No



## **Section 2: Law Enforcement/Military Experience**

Do you have any **previous/current** Law Enforcement or Military experience?

Yes  No

If the answer to the above question is '**YES**', please answer the following:

a) Please indicate the jurisdiction, branch time period and rank:

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b) Have you ever been fired or dishonorably discharged?

Yes  No

If '**YES**', please explain: \_\_\_\_\_

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c) If you have served in the armed forces of the United States, do you have your separation papers (DD214) and your discharge?

Yes  No

If '**NO**', please explain: \_\_\_\_\_

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## **Section 3: Proof of Citizenship/Alien Registration Section**

Are you a US Citizen or Permanent Resident Alien?

Yes  No

Do you have your United States birth certificate?

Yes  No

If '**NO**', in place of your birth certificate, do you have some other proof of your birth date, e.g., a military record, **valid** U.S. Passport, or baptismal certificate?

Yes  No



If you were born outside of the United States, do you have your naturalization papers or evidence of citizenship if it derived from your parents?

Yes  No

#### **Section 4: Proof of Residence**

Please indicate which of the following you have in your name with your current address:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) NYS Drivers License?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) NYS real estate tax bill?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Ownership shares in a cooperative or condominium? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) A current lease agreement?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) A utility bill?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) NYS Income Tax Return?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### **Section 5: Arrest Information**

Have you ever been arrested?

Yes  No

**\*\*\*PLEASE NOTE:** you will be required to give a detailed statement describing the circumstances surrounding each arrest. YOU **MUST** DO THIS EVEN IF: the case was dismissed, the record is sealed or the case nullified by operation of law.\*\*\*

Have you ever been convicted of a crime?

Yes  No

Have you ever been convicted of a felony offense?

Yes  No

Do you have a Certificate of Disposition for each arrest and/or charge?

Yes  No

Do you have or have you ever had a DUI?

Yes  No



Have you ever been convicted of a Domestic Violence charge?

Yes  No

Do you have or have you ever had an Order of Protection against you?

Yes  No

### **Section 6: Additional Information**

Do you reside with anyone else in your household over the age of 18 years old?

Yes  No

Are they amenable to you having a firearm in the home?

Yes  No

Do you want the firearm for your home and/or your business?

Home  Business  Both

Do you have space to safely and securely store firearms in your home and/or business?

Yes  No

Do you have a commitment to wait up until a year to complete this process end to end?

Yes  No

Do you understand that we can assist, but cannot **guarantee** your license/permit will be approved?

Yes  No

Do you understand that every application is approved or denied solely at the discretion of the jurisdiction submitted to?

Yes  No

Do you understand that as part of your application, you will be required to be fingerprinted as part of your criminal background?

Yes  No

Do you understand that as part of your application, you will be required to answer questions and/or submit documentation regarding any mental health or substance abuse history?

Yes  No



Do you understand that as part of your application, you will be required to make several appearances, in person, to NYPD @ 1 Police Plaza (for NYC residents) or to your local County precinct to facilitate paperwork submission, fingerprinting, purchases, etc.?

Yes  No

**Section 7: Disclaimer**

**THIS IS NOT AN APPLICATION FOR A FIREARM LICENSE OR PERMIT.**

The completion of this pre-screening form is not required by law and you may apply for a firearms license or permit on your own. This form is intended to assist DNY-DFC in ascertaining which member(s) may require assistance before applying. DNY-DFC makes no offers, representations, or warranties as to the completion of this form.

**Section 8: Attestation (print name)**

After having read all of the above, I, \_\_\_\_\_, attest to the fact that all information is true to the best of my ability and I submit this form seeking the assistance of DNY-DFC to go through the full process to submit a completed application for a firearm license/permit with the appropriate authorities of the jurisdiction I reside. .

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_