## NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

	Date of Birth		
Address	City	State	
Firearms License # (if applicable)	Date Issued		
Licensing Authority / County of Issuance or A	pplication		

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: (*check all that are applicable*)

## [] 1. My life or safety may be endangered by disclosure because:

		[	]	A.	I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;	
		[	]	B.	I am a protected person under a currently valid order of protection;	
		[	]	С	I am or was a witness in a criminal proceeding involving a criminal charge;	
		[	]	D.	I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;	
[	] 2.				ty or that of my spouse, domestic partner or household member may be endangered by some other reason explained below: ( <i>Must be explained in item 5 below</i> )	
	] 3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.					
[	] 3.	I a	ım a	spouse,	domestic partner or household member of a person identified in A, B, C or D of question 1.	
[	] 3.			-	domestic partner or household member of a person identified in A, B, C or D of question 1. <i>iny that apply</i> )	
[	] 3.	(Pl	lease	check a		

**5.** (*Please provide any additional supportive information as necessary*)

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature