

NYS Firearms License Request for Public Records Exemption

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

I am: **an applicant** for a firearms license **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth _____

Address _____ City _____ State _____

Firearms License Number _____ Date Issued _____

Licensing Authority / County of Issuance or Application Suffolk County Sheriff's Office

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;
- C. 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. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: *(Must be explained in item 5 below)*

3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.

(Please check any that apply)

A _____ B _____ C _____ D _____

4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.

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

Date

YOU MUST SIGN THIS REQUEST FOR YOUR EXEMPTION TO BE VALID.

Please return this FOIL Exemption Request to the Suffolk County Sheriff's Office Pistol License Bureau.
By Mail: Suffolk County Sheriff's Pistol License Bureau, 100 Center Drive, Riverhead, New York 11901
By Fax: 631-852-2843
By E-mail: SCSO.Pistols@suffolkcountyny.gov (Must have a signature.)