NYS Firearm License Request for Public Records Exemption

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

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

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Firearms License # (if applicable): _____ Date Issued: _____

Licensing Authority / County of Issuance or Application: _____

I hereby request that any information concerning my firearm 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 apply):

[ ] 1. **My life or safety may be endangered by the 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 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:**

_____

_____

_____

_____

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

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

I understand that dales 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