Reset Form

Print Form

Application For Certificate Of Relief From Disabilities Relating To Firearms

Directions:
Please fill out all fields, print the form, and send a hard copy by mail (return receipt preferable) to NICS Appeals Office, OMH Central Files, NYS Office of Mental Health, 44 Holland Ave., Albany, NY 12229.

Applicant Information

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Length of Residence at Permanent Address _____

Telephone Number(s) _____ Social Security Number _____

Place of Birth _____

List all Aliases

_____

Physical Description

Race	Sex	Height	Weight	Hair	Eyes

Applicant Data (all questions must be answered by "Yes" or "No")

☐ Yes ☐ No Are you under indictment for, or have you ever been convicted of a crime punishable by imprisonment of more than one year?

☐ Yes ☐ No Are you a fugitive from justice?

☐ Yes ☐ No Are you an unlawful user of, or addicted to, any controlled substance?

☐ Yes ☐ No Have you ever been adjudicated as having a mental disability?

☐ Yes ☐ No Have you ever been committed to a mental institution?

☐ Yes ☐ No Are you an illegal alien or have you been admitted to the United States under a nonimmigrant visa?

☐ Yes ☐ No Have you ever been discharged from the U.S. Armed Forces under dishonorable conditions?

☐ Yes ☐ No Have you ever renounced your United States citizenship?

☐ Yes ☐ No Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child?

☐ Yes ☐ No Have you been convicted in any court of a misdemeanor crime of domestic violence?

I assert under penalty of perjury that the above information is true and correct.

_____

Signature of Applicant Date

Sworn to before me this _____day of _____, 20_____

_____

Notary Public