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, Counsel's Office, New York State Office for People With Developmental Disabilities, 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 *(Including but not limited to involuntary commitment to an OPWDD facility pursuant to Article 15 of the Mental Hygiene Law, or Section 322.2 or 353.4 of the Family Court Act)*?

☐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