

**STATE OF NEW YORK**  
**PISTOL / REVOLVER LICENSE APPLICATION FINGERPRINT FORM**

*INSTRUCTIONS:* Print or type in black ink only

Last Name	Suffix		
First Name	MI	Date of Birth – MM DD YYYY	NY Driver's License (or NY Non-Driver ID) No.

<b>1. RIGHT THUMB</b>	<b>2. RIGHT FOREFINGER</b>	<b>3. RIGHT MIDDLE FINGER</b>	<b>4. RIGHT RING FINGER</b>	<b>5. RIGHT LITTLE FINGER</b>
<b>6. LEFT THUMB</b>	<b>7. LEFT FOREFINGER</b>	<b>8. LEFT MIDDLE FINGER</b>	<b>9. LEFT RING FINGER</b>	<b>10. LEFT LITTLE FINGER</b>

**PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY**

<b>LEFT FOUR FINGERS</b>	<b>THUMBS TAKEN TOGETHER</b>	<b>RIGHT FOUR FINGERS</b>

**IMPRESSIONS TAKEN BY:** \_\_\_\_\_

NAME RANK SHIELD DATE

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APPLICANT'S SIGNATURE AND ADDRESS: \_\_\_\_\_

*Attach this form to your Pistol / Revolver License Application (PPB-3)*