# ALBANY COUNTY SHERIFF'S OFFICE

**CRAIG D. APPLE, SR.**
**SHERIFF**

**MICHAEL S. MONTELEONE**
**EXECUTIVE UNDERSHERIFF**

**996 Madison Ave**
**Albany, New York 12208 (518) 487-5400**
**WWW.ALBANYCOUNTYSHERIFF.COM**

## Personal Character Reference Form

APPLICANT'S NAME & ADDRESS: _____

_____

(Check appropriate box) ☐ Pistol License ☐ Gunsmith / Dealer in Firearms

Under the provisions of section 400.00(4) of the New York State Penal Law this department is required to conduct an investigation relative to this applicant. Therefore, please answer the following questions truthfully and accurately. Kindly return the completed form back to the applicant as soon as possible.

How long have you known the applicant? _____

How do you know the applicant? _____

_____

Does the applicant live at the address listed above? _____

Do you recommend the issuance of the permit requested to the applicant? _____

Explain: _____

_____

Do you know of any reason why the applicant should not be issued the permit requested? _____

Explain: _____

_____

Please provide a brief resume of the applicant's character

_____

_____

_____

_____

_____

To the best of your knowledge, has the applicant ever:

| | | |
|---|---|---|
| Been arrested, indicted or convicted anywhere for any offense other than traffic violations? | ☐ Yes | ☐ No |
| Undergone treatment for alcohol or substance abuse? | ☐ Yes | ☐ No |
| Used an illegal drug? | ☐ Yes | ☐ No |
| Suffered any mental illness? | ☐ Yes | ☐ No |
| Been admitted to or confined in any public or private mental health facility or hospital for the treatment of any mental illness? | ☐ Yes | ☐ No |
| Been charged, petitioned against, a respondent in or otherwise been the subject of a proceeding in Family Court? | ☐ Yes | ☐ No |

Please explain any answers of "Yes" to any of the questions above:_____

_____

_____

_____

_____

_____

Name_____

Signed _____

Address _____

Phone _____

Signed and sworn to before me

this day of 20_____ at

_____ , New York

_____

Notary Public