

Reason:
 NYS Pistol Permit Application
 Out of State Pistol Permit
 Civilian Prints
 Other



CAPS #: _____

Spillman #: _____

APPLICANT FINGERPRINT INFORMATION

To be completed by the person fingerprinted

Name: _____
 (Last Name) (First Name) (Middle)

Height: ____ ’ ____ ” **Weight:** _____ lbs

Sex: Male **Race:** Black Asian **Nationality:** Hispanic
 Female White Other Non-Hispanic

Hair Color: _____ **Eye Color:** _____

Date of Birth: _____

City of Birth & State (i.e. Nyack, NY): _____

Citizenship: _____ **US/Other:** _____
 (City, State/Country)

Social Security #: _____ **Marital Status:** _____

License #: _____ **Type (Class C, D, DM, etc.):** _____

Street Address: _____
 (Street)
 City _____ State _____ Zip Code _____

Email: _____ @ _____

Phone (Home): _____ **Phone (Cell):** _____