

SUPPLEMENTAL INFORMATION FOR PISTOL PERMIT APPLICANTS

Applicant name: _____ Maiden name: _____

AKA's: _____

Home address: _____

How long have you lived at your current residence: _____

Home phone: _____

Cell phone: _____

E-mail address: _____

Social Network pages _____

Place of birth: _____

Dates resided in Cohoes: _____

Spouse's name: _____ DOB: _____

Children:

Do you live alone? _____

If "No", list the name, age and your relationship to all members of your household.

Previous residences: _____

Other properties owned: _____

High School attended: _____ Graduate? _____

Colleges attended: _____ Degree? _____

Ex-spouse(s): _____ DOB: _____

Current employer: _____ Work phone: _____

Profession: _____ Job Title: _____

Date employed: _____ Supervisor's name: _____

Former employer: _____ Work phone: _____

Profession: _____ Job Title: _____

Dates employed: _____ Supervisor's name: _____

