

PURCHASE AUTHORIZATION REQUEST FORM

DATE: _____

N.Y.C. POLICE DEPARTMENT
LICENSE DIVISION
PURCHASE AUTHORIZATION REQUESTS
1 POLICE PLAZA - ROOM 152-B
NEW YORK, N.Y. 10038

LAST NAME: _____, FIRST: _____, M.I.: _____

ADDRESS: NUMBER/STREET APT. BOROUGH ZIP CODE

LICENSE # (S): _____ TYPE (CARRY, PREMISE): _____

I request authorization to purchase / acquire a (MAKE) _____

(MODEL) _____, (CALIBRE) _____, (BARREL LENGTH) _____

For the following reason(s): _____

DAYTIME TELEPHONE #

SIGNATURE

INSTRUCTIONS

1. THIS FORM MUST BE **CLEARLY PRINTED OR TYPED.**
2. **COMPLETE ALL CAPTIONS** - INCOMPLETE FORMS WILL NOT BE PROCESSED.
3. INCLUDE **A FRONT AND BACK COPY OF YOUR** CURRENT LICENSE(S).
4. **MARK THE ENVELOPE** ATTN.: "PURCHASE AUTHORIZATION REQUEST".
5. IF THIS REQUEST IS FOR A **FIFTH (5TH) FIREARM**, PROOF OF SAFE OWNERSHIP IS REQUIRED: ENCLOSE A RECEIPT FOR YOUR SAFE & TWO (2) PHOTO'S OF SAFE - ONE OF OPEN SAFE - ONE OF CLOSED SAFE. IF PROOF WAS ALREADY SUBMITTED INDICATE SAME.
6. **IF YOU INTEND TO PURCHASE/ACQUIRE YOUR FIREARM FROM OTHER THAN AN AUTHORIZED N.Y.S. FIREARMS DEALER**, YOU MUST STATE AND PROVIDE PROOF OF THEIR AUTHORITY TO POSSESS/SELL SAID FIREARM, I.E. LICENSE NUMBER [PROVIDE COPY OF THEIR LICENSE FRONT & BACK], LETTER OF APPROVAL FROM THEIR AGENCY HEAD [IF POLICE OFFICER, PEACE OFFICER, OR OTHER LAW ENFORCEMENT AGENT]. **CONTACT US FOR SPECIFIC REQUIREMENTS PRIOR TO SUBMITTING YOUR REQUEST.**
7. **ALLOW SIX (6) WEEKS FOR PROCESSING.** YOU WILL BE NOTIFIED BY MAIL OF THE APPROVAL OR DISAPPROVAL OF YOUR REQUEST.
8. **PURCHASE AUTHORIZATIONS ARE ISSUED ONLY FROM 9 AM TO 12 NOON, MONDAY THROUGH THURSDAY - WE ARE CLOSED ON ALL LEGAL HOLIDAYS.**
9. ONLY **ONE** PURCHASE AUTHORIZATION REQUEST WILL BE ACCEPTED EVERY 3 MONTHS. REQUESTS MUST BE SUBMITTED SEPARATELY AND WILL **ONLY** BE ACCEPTED **AFTER** OUTSTANDING PURCHASE AUTHORIZATION FORMS HAVE BEEN RETURNED TO THIS DIVISION AND PROCESSED.
10. **YOU MAY NOT TAKE POSSESSION OF A FIREARM UNTIL AFTER YOU HAVE RECEIVED A HANDGUN PURCHASE AUTHORIZATION FORM (PD 643-053).**

FOR QUESTIONS RELATIVE TO PURCHASE AUTHORIZATION REQUESTS CALL (646) 610-5153 FROM 9AM - 4 PM, MONDAY THROUGH FRIDAY.

PURCHASE AUTHORIZATION REQUESTS MUST BE SUBMITTED ON THIS FORM