



## Application for Certificate of Relief from Disabilities Relating to Firearms

### Directions:

Please fill out all fields, print the form, and send a hard copy by mail to the Office of NICS Appeals and SAFE Act, P.O. Box 66329, Albany, NY 12206. In addition to this application the following information will be required in order to complete the application:

- a) A copy of your social security card, birth certificate, and driver's license with your current address;
- b) True and certified copies of medical records detailing your psychiatric history over the past 20 years, including records from all mental health providers;
- c) True and certified copies of medical records from all of your current treatment providers over the past 5 years, if you are receiving treatment;
- d) True and certified records from any previous alcohol/substance abuse providers over the past 20 years;
- e) A true and certified copy of all criminal history information maintained on file at the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) pertaining to you, or a copy of a response from DCJS and the FBI indicating that there is no criminal history information on file.

To obtain a certified copy of your New York State criminal history information, you must call the DCJS Record Review Unit at 518-485-7675 or go to the DCJS Record Review web site: <http://www.criminaljustice.ny.gov/ojis/recordreview.htm>

To obtain a certified copy of your criminal history information from the Federal Bureau of Investigation please visit the following website: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

You must allow approximately 16-18 weeks for processing, upon receipt by the FBI. Either a no record response or a FBI Identification Record will be mailed to you.

- f) Evidence of your reputation, which may include notarized letters of reference from current or past employers, family members or personal friends. Such letters do not need to reference this application or the hospitalization.
- g) Please also provide a written statement detailing the following information:
  - Explain the circumstances of the involuntary hospitalization(s), including your understanding of the issues or events that contributed to your admission.
  - Explain how you have addressed the issues and factors that contributed to your hospitalization(s).
  - Describe how you manage stressors and maintain your emotional stability
- h) Any further information specifically requested by the Office of NICS Appeals and SAFE Act. If documents are requested, certified copies of original documents must be provided. After you submit your completed application, we will notify you if additional information will be requested.

You **may** provide a psychiatric evaluation performed no earlier than 90 calendar days from the date that you are submitting the request for this certificate of relief, conducted by a "qualified psychiatrist." A "qualified psychiatrist" is a physician licensed to practice medicine in New York State who is a diplomate of the American board of psychiatry and neurology or is eligible to be certified by that board, or is certified by the American osteopathic board of neurology and psychiatry or is eligible to be certified by that board. **Please inform the "qualified psychiatrist" that this evaluation must include an opinion as to whether or not your record and reputation are such that you will or will not be likely to act in a manner dangerous to public safety and whether or not the granting of the relief would be contrary to the public interest.**

Whether or not you provide a psychiatric evaluation, we may also request that you undergo a clinical evaluation and risk assessment. If we make this request, the evaluation must be performed 45 calendar days from the date we request the evaluation, unless we allow an extension of time.

Please contact the office at 518-549-1180 if you have any questions.



# Application for Certificate of Relief From Disabilities Relating to Firearms

## Applicant Information

Name		Date of Birth
Street Address		Apt.
City	State	Zip Code
Length of Residence at Permanent Address	Landline phone #	Cell phone #
List all Aliases	Social Security Number	

## Physical Description

Race	Sex	Height	Weight	Hair	Eyes

<b>Applicant Data</b> (all questions must be answered by "Yes" or "No")	Yes	No
Are you under indictment for, or have you ever been convicted of a crime punishable by imprisonment of more than one year?		
Are you a fugitive from justice?		
Are you an unlawful user of, or addicted to, any controlled substance?		
Have you ever been adjudicated as having a mental disability?		
Have you ever been committed to a mental institution in New York State?		
Are you an illegal alien or have you been admitted to the United States under a non-immigrant visa?		
Have you ever been discharged from the U.S. Armed Forces under dishonorable conditions?		
Have you ever renounced your United States citizenship?		
Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child?		
Have you been convicted in any court of a misdemeanor crime of domestic violence?		

I assert under penalty of perjury that the above information is true and correct.

---

Signature of Applicant

---

Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

---

Notary Public