

# New York State Conceal Carry Training Registration

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Personal Cellphone: \_\_\_\_\_

TYPE OF WEAPON: Make: \_\_\_\_\_

Model: \_\_\_\_\_

Serial # \_\_\_\_\_

Caliber: \_\_\_\_\_

**Check one:** Semi-automatic: \_\_\_

Revolver: \_\_\_

Pistol Permit # \_\_\_\_\_

Issuing Agency: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Note: Please make a copy of the front and back of your pistol permit, the front of your NYS Driver's license/NYS I.D. and submit with your application.

All fees are non-refundable, ***cash is the only form of payment.***

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## ***Things you will need to bring for the training class***

**Classroom:** A pad or notebook and two pens

**Range Day:** Eye & Ear Protection

200 rounds of target (ball) ammunition

An outside the pants holster

A clean and fully functioning firearm

A full gun cleaning kit, cleaning mat, cleaning solvent and oil

A locking mechanism, with key(s)

2 magazines minimum, three is best

**\*\*\*Scan your registration form back to [hr218leosa@gmail.com](mailto:hr218leosa@gmail.com)**

[hr218-leosa.com](http://hr218-leosa.com) [NYSconcealcarry.com](http://NYSconcealcarry.com) [hr218leosa@gmail.com](mailto:hr218leosa@gmail.com) **347-582-8220**