REARMS CONTROL BOARD RIGINAL APPLICATION SHOTGUN PERMIT ADDRESS ON BAC OF PHOTOS MIDDLE INITIAL ZIP CODE RESIDENT PCT. CITY OR POST OFFICE STATE APT./FLOOR RRONX RESIDENCE TELEPHONE NO. OCCUPATION HEIGHT | WEIGHT | COLOR HAIR | COLOR EYES | CITIZEN OF (COUNTRY) Black TOTAL After referring to separate instruction sheet, list below all Rifles and Shotguns in your possession. If more space is needed, complete Form FCB-5 (Supplemental Declaration). MODEL TYPE CAL. / GAUGE MAKE / MANUFACTURER SERIAL NUMBER 化生子流流 部队 Were you ever arrested, indicted or convicted for any crime or violation (excepting minor traffic violations), in any jurisdiction, federal, state or local? Yes [] No [X] If yes, list the following information. Use additional sheets if more space is needed. DISPOSITION OR SENTENCE COURT AND DATE OF ARREST CHARGE DATE ARREST If Your Answer to Questions C or D is Yes, Refer to Separate Instruction Sheet, NO 🔀 Have you ever been dishonorably discharged from the armed forces of this country? YES [] NO [2] YES I Are you addicted to narcotic drugs, or an habitual drunkard? NO 🛭 Have you ever suffered from any physical defect or sickness which would interfere with or handicap YES [you in the handling of a shotgun or rifle? YES [NO 🐼 Have you ever been confined for alcoholism, mental illness or drug addiction? Are the rifles or shotguns listed on this application to be used exclusively in a television, movie, stage or YES [] NO 😿 similar theatrical production? Are the rifles or shotguns listed on this application to be used exclusively by a professional photographer NO M YES 🗆 in the pursuance of his profession? Are you the holder of a current pistol license or firearm dealer's license, valid in New York State? YES [If Yes, indicate type, license number and issuing authority. WARNING: Any willful or material omission or false statement is a crime punishable by fine, imprisonment or both, NOTAKI No. 30-40010 County Clair Qualified in Nassau County Clair Qualified in Nassau County Clair Certificate filed with New York 20, 19 DEPOSES AND SAYS THAT ALL OF THE FOREGOING INFORMATION IS TRUE. No. 30.9681305 ORN TO USFORE Applicant's Signature Notary Public/ Commissioner of Deeds BELOW FOR DEPARTMENTAL USE ONLY RECOMMENDATION: BIGNATURE PPLICATION KAMINED BY ACTION BY APPEALS BOARD ACTION BY CONTROL BOARD

SIGNATURE

DATE

RMIT SUED TITLE



FIREARMS CONTROL BOARD 42 BROADWAY, NEW YORK, N. Y. 10004

INFORMATION REQUEST

Bertrowitz	FIRST NAME DAVID			MIDDLE INITIAL		
SOCIAL SECURITY NO.	ADDRESS	(number_and stre	cet only)			, ,
APT/FLOOR CITY OR POST OF	FFICE	STATE I	ZIP CODE	RESIDENCE 43	PRECINCT	
SEX DATE OF BIRTH	HEIGHT IN.	WEIGHT	COLOR HAI	R	COLOR EYES	
CITIZEN OF (what country) V. S. A.	Studen	ATION I+	R	ESIDENCE TE	ELEPHONE #	

TO: New York State Department of Mental Hygiene

The person described above has applied to the New York City Firearms Control Board for a permit to possess a rifle and/or shotgun. In order for the Board to determine whether this permit should be issued additional information about the applicant is required. Request, therefore, that you list below, for return to this office, as per Chapter 641 of the Session Laws of 1973, any record contained in your files concerning the dates and places of institutionalization of the applicant.

FIREARMS CONTROL BOARD

Bronx, N.Y. do hereby consent to the release by the State Department of Mental
Bront. N. L. do hereby consent to the release by the State Department of Mental
Hygiene and any of its institutions regarding any record of my institutionalization for mental disability to be
used for the sole purpose of evaluating my application for a New York City Rifle-Shotgun Permit. I do hereby
give the permission with all my full knowledge and willing consent.
Dowl R. Behowit
STATE OF NEW YORK SS:
On this 26 day of 1000-, 19 Thefore me personally appeared
to me known to be the individual described in and who executed the
foregoing authorization and he acknowledged to me that he executed the same. GEORGE E. WELIAMS
NO. 30.9681305
Qualified in Nassau County Certificate filed with New York County Clark Commission Expires March 30, 19 Commission Expires March 30, 19
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SPACE BELOW FOR OFFICIAL USE BY STATE DEPARTMENT OF MENTAL HYGIENE:

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N.Y.S. DEPT. OF MANAGE HYGILUE



CITY OF NEW YORK FIREARMS CONTROL BOARD

VOUCHER AFFIDAVIT

INSTRUCTIONS: This form is to be completed by the Voucher or Affiant only. Affiant or Voucher must be at least 21 years of age and must not be a relative of the Applicant. Note: Any willful or material omission or false statement is a violation punishable by fine, imprisonment, or both.

STATE OF NEW YORK COUNTY OF BRONX S.S.:	
(Print full name of Affiant or Voucher)	, being duly sworn, deposes and says:
	(Number and Street)
(Post Office or City) I have known DAVID R. Berkowit-	New York (State) The applicant.
for Five years. I know the said applicant to be a perso	
Sworn to before me this	Signaturd of Affiant or Voucher
Notary Public or Commissions Staffy Decade, State of New York No. 03-0718900 - Rockland County Term Evolves March 20	



CITY OF NEW YORK FIREARMS CONTROL BOARD

VOUCHER AFFIDAVIT

INSTRUCTIONS: This form is to be completed by the Voucher or Affiant only. Affiant or Voucher must be at least 21 years of age and must not be a relative of the Applicant. Note: Any willful or material omission or false statement is a violation punishable by fine, imprisonment, or both.

(Print full name of Affiant or Voucher) I am of legal age and reside at	STATE OF New York		
(Print full name of Affiant or Voucher) I am of legal age and reside at	STATE OF NEW YORK COUNTY OF BROWX s.s.:		,
(Print full name of Affiant or Voucher) I am of legal age and reside at			
(Number and Street) (Post Office or City) (Post Office or City) (State) I have known DAVIA Ref Towitz (State) the applicant for SIX years. I know the said applicant to be a person of good moral character. Sworn to before me this. July Aday of Signature of Affiant of Voucher Lucy 1971 Notary Public or Shingshifts of Deckland County No. 03-0718-200 - Nockland County	(Print full name of Affiant or Vouch	er) being duly sworn, deposes	and says
(Post Office or City) (State) I have known DAVID Represent to be a person of good moral character. for SIX years. I know the said applicant to be a person of good moral character. Sworn to before me this DAVID day of Signature of Affiant of Voucher Notary Public or 18 10 18 10 18 10 18 New York No. 03.07 18 200 - Northand County	I am of legal age and reside at		
I have known DAVIA Refront Towitz (State) I have known DAVIA Refront Towitz (State) Signature of Affiant of Voucher Signature of Affiant of Voucher Notary Public or Confidence of Deeds New York No. 03-07 18350 - Rockland County		,	
I have known DAVIA Refront Towitz (State) I have known DAVIA Refront Towitz (State) Signature of Affiant of Voucher Signature of Affiant of Voucher Notary Public or Confidence of Deeds New York No. 03-07 18350 - Rockland County		N. Y.	
Sworn to before me this	(Post Office or Lity)	(State)	
Sworn to before me this	Thave known DAVIS R. Berl	Towitz, the	applicant
Sworn to before me this			
Signature of Affiant of Voucher 19.71 10.71 JOSEPH BACOMPARETTO Nother Public or Ushinistillies of Decils New York No. 03-07 18360 - Rockland County	•		
Signature of Affiant of Voucher 19.71 JOSEPH BACOMPARETTO Nothing Public or Ushing Stillier St Deeds New York No. 03-07 18350 - Rockland County			
J-7. 16 JOSEPH B. COMPARETTO Nothery Public or Ushing Stilling St Everls New York No. 03-0718-900 - Rockland County	Sworn to before me this		
Notify Public or Ushinistillic of Deeds New York No. 03-07 18-350 - Rockland County		Signature of Affiant of Voucher	
Notice or Ushing Stiller of Deeds New York No. 03-0718-900 - Rockland County	1000, 1975		
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Form FCB-6-50M sets-115202(68) (537) 346



CITY OF NEW YORK FIREARMS CONTROL BOARD

DISPOSITION - REGISTRATION CERTIFICATE

COMPLETE WHENEVER POSSESSION OF A RIFLE OR SHOTGUN IS TRANSFERRED BY

Nº 112853

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TASTICUCTIONS: Strike out all inappropriate captions. One copy of this form vill be forwarded to the Firearms Control Board by the dealer and one copy will be given to the individual who buys, sells or transfers the Rifle or Shotgun. The third copy will be retained by the dealer.

If an individual is obtaining or buying a Rifle or Shetgun from a dealer, the copy of this form that the individual receives will serve as the Certificate of Registration for the gun.

NOTE: YOU MUST CARRY THIS CERTIFICATE OF REGISTRATION WHEN IN POSSESSION OF THE GUN DESCRIBED ABOVE.