

FILE THREE WITH THIS APPLICATION PRINT NAME AND ADDRESS ON BACK OF PHOTOS.



WEAPONS CONTROL BOARD ORIGINAL APPLICATION FILE—SHOTGUN PERMIT

LAST NAME: Berkowitz FIRST NAME: DAVID MIDDLE INITIAL: R SOCIAL SECURITY NO. [REDACTED]

ADDRESS (NUMBER AND STREET): [REDACTED] APT./FLOOR: [REDACTED] CITY OR POST OFFICE: BRONX STATE: N.Y. ZIP CODE: [REDACTED] RESIDENT PCT.: 43

SEX: M DATE OF BIRTH: 6/1/53 HEIGHT: 68 IN. WEIGHT: 195 LBS. COLOR HAIR: Black COLOR EYES: Blue CITIZEN OF (COUNTRY): U.S.A. OCCUPATION: Student RESIDENCE TELEPHONE NO.: [REDACTED]

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).

SERIAL NUMBER	MAKE / MANUFACTURER	CAL. / GAUGE	TYPE	MODEL	TOTAL GUNS
					0

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 If yes, list the following information. Use additional sheets if more space is needed.

DATE OF ARREST	CITY AND STATE OF ARREST	CHARGE	DISPOSITION OR SENTENCE COURT AND DATE

← If Your Answer to Questions C or D is Yes, Refer to Separate Instruction Sheet →

- A Have you ever been dishonorably discharged from the armed forces of this country? YES NO
- B Are you addicted to narcotic drugs, or an habitual drunkard? YES NO
- C Have you ever suffered from any physical defect or sickness which would interfere with or handicap you in the handling of a shotgun or rifle? YES NO
- D Have you ever been confined for alcoholism, mental illness or drug addiction? YES NO
- E Are the rifles or shotguns listed on this application to be used exclusively in a television, movie, stage or similar theatrical production? YES NO
- F Are the rifles or shotguns listed on this application to be used exclusively by a professional photographer in the pursuance of his profession? YES NO
- G Are you the holder of a current pistol license or firearm dealer's license, valid in New York State? YES NO 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.

STATE OF N.Y. COUNTY OF N.Y. NOTARY PUBLIC, No. 30-9681305, Qualified in Nassau County, Certificate filed with New York County Clerk, Commission Expires March 20, 1976. BEING DULY SWORN, DEPOSES AND SAYS THAT ALL OF THE FOREGOING INFORMATION IS TRUE.

BORN TO BEFORE ME: David R. Berkowitz Notary Public / Commissioner of Deeds. Applicant's Signature

BELOW FOR DEPARTMENTAL USE ONLY

APPLICATION EXAMINED BY	TITLE	SIGNATURE	RECOMMENDATION:
		<u>[Signature]</u>	
ACTION BY CONTROL BOARD		ACTION BY APPEALS BOARD	
PERMIT ISSUED	DATE	TITLE	SIGNATURE
			<u>[Signature]</u>



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

INFORMATION REQUEST

LAST NAME Berkowitz		FIRST NAME David			MIDDLE INITIAL R	
SOCIAL SECURITY NO. [REDACTED]		ADDRESS (number and street only) [REDACTED]				
APT / FLOOR [REDACTED]	CITY OR POST OFFICE BRONX		STATE N.Y.	ZIP CODE [REDACTED]	RESIDENCE PRECINCT 43	
SEX m	DATE OF BIRTH 6/1/53	HEIGHT 68 IN.	WEIGHT 190 LBS.	COLOR, HAIR Blk	COLOR EYES Blue	
CITIZEN OF (what country) U.S.A.		OCCUPATION Student			RESIDENCE TELEPHONE # [REDACTED]	

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

I, **DAVID R. Berkowitz**, residing at [REDACTED] **BRONX, N.Y.** 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.

David R. Berkowitz
Applicant's Signature

STATE OF NEW YORK }
COUNTY OF **N.Y.** } ss:

On this **26** day of **Nov.**, 19 **76** before 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. WILLIAMS
NOTARY PUBLIC, State of New York
No. 30-9681305
Qualified in Nassau County
Certificate filed with New York County Clerk
Commission Expires March 30, 19 **76**

George E. Williams
Notary Public

SPACE BELOW FOR OFFICIAL USE BY STATE DEPARTMENT OF MENTAL HYGIENE:

NO COPY TO BE MADE FOR INFORMATION

N.Y.S. DEPT. OF MENTAL HYGIENE



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.:

[Redacted Name]

....., being duly sworn, deposes and says:

(Print full name of Affiant or Voucher)

I am of legal age and reside at... [Redacted Address]

(Number and Street)

Thiells

(Post Office or City)

New York

(State)

I have known DAVID R. BERKOWITZ, the applicant,
for Five years. I know the said applicant to be a person of good moral character.

Sworn to before me this 24 day of

Nov, 1975

[Redacted Signature]

Signature of Affiant or Voucher

Joseph B. Comporetto
JOSEPH B. COMPARETTO
Notary Public or Commissioner of Deeds, State of New York
No. 03-0718900 - Rockland County
Term Expires March 30, 1977



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.:

[Redacted Name]

(Print full name of Affiant or Voucher)

being duly sworn, deposes and says:

I am of legal age and reside at [Redacted Address]

(Number and Street)

[Redacted City]

(Post Office or City)

N.Y.
(State)

I have known DAVID R. Berkowitz, the applicant, for SIX years. I know the said applicant to be a person of good moral character.

Sworn to before me this 24 day of

[Redacted Signature]

Signature of Affiant or Voucher

New, 19 75

Joseph B. Comparetto
JOSEPH B. COMPARETTO
Notary Public or County Clerk of Deeds New York
No. 03-0718-50 - Rockland County
Term Expires March 20, 1977



CITY OF NEW YORK
FIREARMS CONTROL BOARD
DISPOSITION - REGISTRATION CERTIFICATE

COMPLETE WHENEVER
POSSESSION OF A
RIFLE OR SHOTGUN
IS TRANSFERRED BY
SALE OR OTHERWISE. No 96033

SERIAL NO. 23954	MAKE / MANUFACTURER Camm...	CAL. / GAUGE 45	TYPE OF GUN Semi Auto	MODEL Model III
DEALER'S NAME [REDACTED]	BUYER / SELLER'S LAST NAME Berkowitz		FIRST NAME David	
ADDRESS [REDACTED]	ADDRESS [REDACTED]			
BOROUGH Bklyn	POST OFFICE 774	ZIP CODE 11220	CITY OR POST OFFICE Brooklyn	STATE NY
DEALER'S LIC. NO. 11-1811	PERMIT NO. / AUTHORIZATION NO. 91	SOCIAL SECURITY NO. / PERMIT NO. / AUTHORIZATION NO. [REDACTED]		
DEALER'S SIGNATURE [REDACTED]	DATE OF SALE 1/26/76	TIME OF SALE 1:25 PM	BUYER'S / SELLER'S SIGNATURE David K. Berkowitz	

INSTRUCTIONS: Strike out all inappropriate captions. One copy of this form will 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 Shotgun 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.

FEB 27 1976

Form FCB-6-50M sets-115202(68) 346



CITY OF NEW YORK
FIREARMS CONTROL BOARD
DISPOSITION - REGISTRATION CERTIFICATE

COMPLETE WHENEVER
POSSESSION OF A
RIFLE OR SHOTGUN
IS TRANSFERRED BY
SALE OR OTHERWISE. No 112853

SERIAL NO. 25444-101	MAKE / MANUFACTURER WALLEN	CAL. / GAUGE 12 GA	TYPE OF GUN Pump Action	MODEL 60
DEALER'S NAME [REDACTED]	BUYER / SELLER'S LAST NAME Berkowitz		FIRST NAME David	
ADDRESS [REDACTED]	ADDRESS [REDACTED]			
BOROUGH [REDACTED]	POST OFFICE NY	ZIP CODE 11211	CITY OR POST OFFICE Brooklyn	STATE NY
DEALER'S LIC. NO. [REDACTED]	PERMIT NO. / AUTHORIZATION NO. [REDACTED]	SOCIAL SECURITY NO. / PERMIT NO. / AUTHORIZATION NO. [REDACTED]		
DEALER'S SIGNATURE [REDACTED]	DATE OF SALE 2/28/76	TIME OF SALE 4:30 PM	BUYER'S / SELLER'S SIGNATURE David K. Berkowitz	

INSTRUCTIONS: Strike out all inappropriate captions. One copy of this form will 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.

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MAR 6 1976

THE CITY OF NEW YORK
FIREARMS CONTROL BOARD
42 Broadway
New York, N. Y. 10004

No 24840

Received by David Berkowitz 1/26 1976

Address [REDACTED]

The Sum of 10.00 Dollars

[X] Cash [] Check [] Transfer

For: [X] Original [] Renewal [] Lost Document

Appl. # 597065

By [Signature] Cashier

R.F. 512 (Rev. 9-61)-4M sets-820032(74) 346





Form FCB-6-50M sets-115202(68) 346



CITY OF NEW YORK
FIREARMS CONTROL BOARD
DISPOSITION - REGISTRATION CERTIFICATE

COMPLETE WHENEVER
POSSESSION OF A
RIFLE OR SHOTGUN
IS TRANSFERRED BY
SALE OR OTHERWISE.

64153

No 112853

SERIAL NO. 25444/07	MAKE / MANUFACTURER WINCHESTER-ENGEL	CAL. GAUGE 12 GA	TYPE OF GUN PUMP ACTION	MODEL 60
DEALER'S NAME [REDACTED]	BUYER / SELLER'S LAST NAME BERKOWITZ		FIRST NAME DAVID	
ADDRESS [REDACTED]	ADDRESS [REDACTED]		CITY / POST OFFICE BRONX	
BOROUGH Bronx	POST OFFICE N.Y.	STATE N.Y.	ZIP CODE [REDACTED]	
DEALER'S LIC. NO. 112231	PERMIT NO. AUTHORIZATION NO. [REDACTED]	PERMIT NO. AUTHORIZATION NO. [REDACTED]	BUYER'S / SELLER'S SIGNATURE David K. Berkowitz	
TIME OF SALE 4:30 PM		BUYER'S / SELLER'S SIGNATURE [REDACTED]		

INSTRUCTIONS: Strike out all inappropriate captions. One copy of this form will be forwarded to the Firearm 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.

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