NEW YORK STATE OFFICE OF CHILDREN & FAMILY SERVICES

FIREARMS CERTIFICATION FAMILY BOARDING CARE FACILITY

OPERATOR NAMES:				
NAMES.	NAME	NAME		
ADDRESS:				
CHECK ONE:	☐ We do not keep firearms or ammunition in our home)		
	☐ We keep firearms in our home for the purpose of:			
	TYPE OF FIREARM (Brief Description)	LICENSED	STATUS REGISTERED	PERMIT
		☐ Yes ☐ No	☐ Yes ☐ No ☐	Yes No
		☐ Yes ☐ No	☐ Yes ☐ No ☐] Yes □ No
		☐ Yes ☐ No	☐ Yes ☐ No ☐] Yes 🗌 No
		☐ Yes ☐ No	☐ Yes ☐ No ☐] Yes □ No
		☐ Yes ☐ No	☐ Yes ☐ No ☐] Yes □ No
		☐ Yes ☐ No	☐ Yes ☐ No ☐	Yes No
		☐ Yes ☐ No	☐ Yes ☐ No ☐	Yes No
		☐ Yes ☐ No	☐ Yes ☐ No ☐] Yes □ No
С	OADED FIREARMS are prohibited from being kept in the housertified by the Office of Children and Family Services. (Peace aw).			
t lı is	ALL FIREARMS AND AMMUNITION in houses or on the premimes. Firearms must be stored in an inoperable condition, i.e. ocked, secure condition, i.e., a safe, cabinet, locker, closet, or s located in an area of the family boarding care facility that is a ACCESSIBLE TO YOUTH IN CARE.	, equipped with a trig an open gun rack e	gger lock, and must bequipped with locking	e stored in a apparatus, that
	AMMUNITION must be stored in a locked, secure place that is irearm is located.	located in an area	separate from the are	ea in which the
PEACE OFFICE	ER: Yes No If Yes,			
Appointing Au	thority or Jurisdiction:	Title		Shield Number
COMPLETED E	BY:			
	Signature of Operator		Date	
	Signature of Operator		Date	