

**TIOGA COUNTY SHERIFF'S OFFICE**  
**Pistol Permit/Semi-Automatic Rifle Application Requirements**

- Eligibility requirements to obtain a Pistol Permit/Semi-automatic rifle license are defined under New York State Penal Law section 400.00.

**YOUR DRIVER'S LICENSE ADDRESS MUST BE THE SAME AS THE ADDRESS LISTED ON YOUR APPLICATION.**

1. Pistol permits are issued as CARRY CONCEALED or POSSESS ON PREMISES, with or without the semi-automatic rifle endorsement.
2. All applications and forms are to be typed or completed using black ink.
3. All applications and forms must be legible and completed in their entirety.

**NO COPIES OF THE ABOVE FORMS WILL BE ACCEPTED – ALL FORMS MUST BE AN ORIGINAL**

**ADDITIONAL RECORDS RELEASE FORMS WILL BE COMPLETED AT THE TIME OF YOUR APPLICATION**

**NOTE:** Once your application is completed and submitted with all fees paid, your application will be processed. **You will experience a waiting period. Please do not call to check on the progress of your permit.** You will be notified when your application has either been approved or denied. Thank you in advance for your patience.

**FEES**

1. The cost for processing a pistol permit application is \$115.00. **Cash Only.** No checks or money orders will be accepted. All fees must be paid in full at the time of application. No refunds will be given. The fee covers the following expenses (fees are subject to change):
  - \$75.00 – NYS Department of Criminal Justice Services fees
  - \$13.25 – FBI fees
  - \$10.00 – Tioga County License fee
  - \$16.75 – Tioga County Sheriff's Office processing fee

## **COMPLETING THE APPLICATION AND FINGERPRINTS**

Your application packet should include the following:

- 3 – NYS Pistol/Revolver/Semi-Automatic Rifle Application forms PPB-3 (4 pages each or 2 pages each - front & back)
- 1 – “Applicant-Character Reference Information” form
- 4 – Character Reference Questionnaire forms
  - References must reside in Tioga County or neighboring counties and cannot be:
    - Active-duty police or peace officers
    - Appointed or elected officials
    - A relative or significant other
    - Members of the same household
    - More than one member from the same family

**\*\*If you are missing any of these forms, please contact the pistol permit clerk\*\***

**\*\* If applying for a Concealed Carry License you must provide proof of the completion of a 16-hour firearms safety training course with 2 hours of live fire and pass a proficiency test with a minimum of 80%\*\***

**\*\* If applying for a Concealed Carry License, an in-person interview with the licensing officer will be scheduled \*\***

**IF YOU HAVE EVER BEEN ARRESTED, SUMMONED, CHARGED, OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING SEALED DWI ARRESTS, YOU MUST PROVIDE COURT DISPOSITION FROM THE COURT OF JURISDICTION AT THE TIME OF APPLICATION.**

**OMMISSION OF INFORMATION OR QUESTIONS NOT TRUTHFULLY ANSWERED MAY BE CAUSE FOR DENIAL OF YOUR APPLICATION BY THE LICENSING OFFICER**

**New Pistol Permit/Semi-Automatic Rifle License applications are accepted by appointment only. Contact Sgt. Allen at 607-687-8463 between 8:00 a.m. and 2:00 p.m. Monday through Friday to set up an appointment to complete your fingerprints and submit your application.**

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

**THIS SECTION TO BE COMPLETED BY LICENSING OFFICE**

|               |                                 |                 |
|---------------|---------------------------------|-----------------|
| NYSID #       | License #                       | County of Issue |
|               |                                 |                 |
| Date of Issue | Expiration Date (If Applicable) |                 |
|               |                                 |                 |

*In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.*

**Personal Information**

|  |      |                    |                 |                    |                 |
|--|------|--------------------|-----------------|--------------------|-----------------|
| Last Name                                    |      | First Name         |                 | Middle Name        | Suffix          |
|  |      |                    |                 |                    |                 |
| Street Name (Physical Address)               |      |                    | Apt #           | City               | State Zip       |
|  |      |                    |                 |                    |                 |
| Mailing Address (If Different than Physical) |      |                    | Apt #           | City               | State Zip       |
|  |      |                    |                 |                    |                 |
| Sex:   | DOB: | Height: ft in      | Weight:         | Hair:              | Eyes:           |
|  |      |                    |                 |                    |                 |
| Social Security Number:                      |      | Ethnicity:         |                 | Race:              | Citizen of U.S. |
|  |      |                    |                 |                    |                 |
| Driver's License # (or Non-Driver ID)        |      | License State      | Primary Phone # | Secondary Phone #  | Email Address   |
|  |      |                    |                 |                    |                 |
| Employed By                                  |      | Current Occupation |                 | Nature of Business |                 |
|  |      |                    |                 |                    |                 |
| Business Address                             |      |                    | Apt #           | City               | State Zip       |
|  |      |                    |                 |                    |                 |

I hereby apply for a Pistol/Revolver License to: (Check only one)  Carry Concealed  \*Possess on Premises  \*Possess/Carry During Employment  
 (\*) Premise Address or Employer Name and Address must be provided below:

|  |  |
|--|--|
| Employer Name (If Carry During Employment) | Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code) |
|  |  |

I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No)  Yes  No

Give four character references who by their signature attest to your good moral character

| Last, First, MI | Street Address (Street #, Name, Apartment #, City, State, Zip Code) | Signature |
|-----------------|---|-----------|
|                 |   |           |
|                 |   |           |
|                 |   |           |
|                 |   |           |

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

**Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**

**CURRENT MARRIAGE OR RELATIONSHIP**

What is the Applicant's current relationship status?

If applicable, provide the requested information regarding the Applicant's current relationship below.

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name</b> (If Applicable) | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

Do minors reside within the residence?  Yes  No      If, yes:  Part Time  Full Time

**ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN**

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name</b> (If Applicable) | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name</b> (If Applicable) | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name</b> (If Applicable) | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?  
 Sealed arrests must be included. \*Refer to Executive Law §296(16)

Yes       No

If yes, furnish the following information:

| Arrest Date | Police Agency | Charge | Disposition Date | Disposition Court | Disposition |
|-------------|---------------|--------|------------------|-------------------|-------------|
|             |               |        |                  |                   |             |
|             |               |        |                  |                   |             |
|             |               |        |                  |                   |             |
|             |               |        |                  |                   |             |

Are you a fugitive from justice?  Yes  No

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?  Yes  No

Are you an alien illegally or unlawfully in the United States?  Yes  No

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?  Yes  No

Have you been discharged from the Armed Forces under dishonorable conditions?  Yes  No

Have you ever renounced your United States citizenship?  Yes  No

Have you ever suffered any mental illness?  Yes  No

Have you ever been involuntarily committed to a mental health facility?  Yes  No

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?  Yes  No

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act?  Yes  No

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs?  Yes  No

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?  
 \*THIS QUESTION ONLY APPLIES TO CARRY CONCEALED  Yes  No

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year?  Yes  No

If the answer to any of the questions above is YES, explain here:

*For applicants under twenty-one years of age only:*

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?  Yes  No

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

Photograph
Of Applicant
Taken Within 30 Days

\_\_\_\_\_

Full Face Only

Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:

- 1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

Jurat:
Signed and sworn to me before

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_
at \_\_\_\_\_, New York

Signature of Applicant

Signature of Officer Administering Oath

Title of Officer

APPLICATION NOT VALID UNLESS SWORN

Fingerprints submitted electronically by:

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_
Date Submitted \_\_\_\_\_

Investigation Report - All information provided by this applicant has been verified:

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_
Signature of Investigating Officer

This application is [ ] Approved [ ] Disapproved

The following restriction(s) is (are) applicable to this license:

Title and Signature of Licensing Officer

If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:

\*\*\*List handguns only, do not list semi-automatic rifles.

Table with 7 columns: Manufacturer, Pistol/Revolver/Single Shot, Model, Frame Only, Caliber(s), Serial Number, Property of. Includes checkboxes for Frame Only.

Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.

This form is approved by the Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

## State of New York

### Pistol/Revolver License Application Semi-Automatic Rifle License Application

**THIS SECTION TO BE COMPLETED BY LICENSING OFFICE**

|               |                                 |                 |
|---------------|---------------------------------|-----------------|
| NYSID #       | License #                       | County of Issue |
|               |                                 |                 |
| Date of Issue | Expiration Date (If Applicable) |                 |
|               |                                 |                 |

*In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.*

**Personal Information**

|  |      |                    |                 |                    |                 |
|--|------|--------------------|-----------------|--------------------|-----------------|
| Last Name                                    |      | First Name         |                 | Middle Name        | Suffix          |
|  |      |                    |                 |                    |                 |
| Street Name (Physical Address)               |      |                    | Apt #           | City               | State Zip       |
|  |      |                    |                 |                    |                 |
| Mailing Address (If Different than Physical) |      |                    | Apt #           | City               | State Zip       |
|  |      |                    |                 |                    |                 |
| Sex:   | DOB: | Height: ft in      | Weight:         | Hair:              | Eyes:           |
|  |      |                    |                 |                    |                 |
| Social Security Number:                      |      | Ethnicity:         |                 | Race:              | Citizen of U.S. |
|  |      |                    |                 |                    |                 |
| Driver's License # (or Non-Driver ID)        |      | License State      | Primary Phone # | Secondary Phone #  | Email Address   |
|  |      |                    |                 |                    |                 |
| Employed By                                  |      | Current Occupation |                 | Nature of Business |                 |
|  |      |                    |                 |                    |                 |
| Business Address                             |      |                    | Apt #           | City               | State Zip       |
|  |      |                    |                 |                    |                 |

I hereby apply for a Pistol/Revolver License to: (Check only one)  Carry Concealed  \*Possess on Premises  \*Possess/Carry During Employment  
 (\*) Premise Address or Employer Name and Address must be provided below:

|  |  |
|--|--|
| Employer Name (If Carry During Employment) | Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code) |
|  |  |

I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No)  Yes  No

Give four character references who by their signature attest to your good moral character

| Last, First, MI | Street Address (Street #, Name, Apartment #, City, State, Zip Code) | Signature |
|-----------------|---|-----------|
|                 |   |           |
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**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

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**CURRENT MARRIAGE OR RELATIONSHIP**

What is the Applicant's current relationship status?

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|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
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|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

Do minors reside within the residence?  Yes  No      If, yes:  Part Time  Full Time

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|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name (If Applicable)</b> | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name (If Applicable)</b> | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name (If Applicable)</b> | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?  
 Sealed arrests must be included. \*Refer to Executive Law §296(16)

Yes       No

If yes, furnish the following information:

| Arrest Date | Police Agency | Charge | Disposition Date | Disposition Court | Disposition |
|-------------|---------------|--------|------------------|-------------------|-------------|
|             |               |        |                  |                   |             |
|             |               |        |                  |                   |             |
|             |               |        |                  |                   |             |
|             |               |        |                  |                   |             |

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Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?  Yes  No

Have you been discharged from the Armed Forces under dishonorable conditions?  Yes  No

Have you ever renounced your United States citizenship?  Yes  No

Have you ever suffered any mental illness?  Yes  No

Have you ever been involuntarily committed to a mental health facility?  Yes  No

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?  Yes  No

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Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs?  Yes  No

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?  
 \*THIS QUESTION ONLY APPLIES TO CARRY CONCEALED  Yes  No

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year?  Yes  No

If the answer to any of the questions above is YES, explain here:

*For applicants under twenty-one years of age only:*

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?  Yes  No

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

Photograph
Of Applicant
Taken Within 30 Days

\_\_\_\_\_

Full Face Only

Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:

- 1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

Jurat:
Signed and sworn to me before

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_
at \_\_\_\_\_, New York

Signature of Applicant

Signature of Officer Administering Oath

Title of Officer

APPLICATION NOT VALID UNLESS SWORN

Fingerprints submitted electronically by:

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_
Date Submitted \_\_\_\_\_

Investigation Report - All information provided by this applicant has been verified:

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_
Signature of Investigating Officer

This application is [ ] Approved [ ] Disapproved

The following restriction(s) is (are) applicable to this license:

Title and Signature of Licensing Officer

If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:

\*\*\*List handguns only, do not list semi-automatic rifles.

Table with 7 columns: Manufacturer, Pistol/Revolver/Single Shot, Model, Frame Only, Caliber(s), Serial Number, Property of. Includes checkboxes for Frame Only.

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This form is approved by the Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

**THIS SECTION TO BE COMPLETED BY LICENSING OFFICE**

|                      |  |                        |
|----------------------|--|------------------------|
| <b>NYSID #</b>       | <b>License #</b>                       | <b>County of Issue</b> |
|                      |  |                        |
| <b>Date of Issue</b> | <b>Expiration Date (If Applicable)</b> |                        |
|                      |  |                        |

*In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.*

**Personal Information**

|   |             |                           |                        |                          |                           |                        |              |            |
|---|-------------|---------------------------|------------------------|--------------------------|---------------------------|------------------------|--------------|------------|
| <b>Last Name</b>                                    |             | <b>First Name</b>         |                        | <b>Middle Name</b>       |                           | <b>Suffix</b>          |              |            |
|   |             |                           |                        |                          |                           |                        |              |            |
| <b>Street Name (Physical Address)</b>               |             |                           |                        | <b>Apt #</b>             | <b>City</b>               |                        | <b>State</b> | <b>Zip</b> |
|   |             |                           |                        |                          |                           |                        |              |            |
| <b>Mailing Address (If Different than Physical)</b> |             |                           |                        | <b>Apt #</b>             | <b>City</b>               |                        | <b>State</b> | <b>Zip</b> |
|   |             |                           |                        |                          |                           |                        |              |            |
| <b>Sex:</b>   | <b>DOB:</b> | <b>Height:</b> ft         | in                     | <b>Weight:</b>           | <b>Hair:</b>              | <b>Eyes:</b>           |              |            |
|   |             |                           |                        |                          |                           |                        |              |            |
| <b>Social Security Number:</b>                      |             | <b>Ethnicity:</b>         |                        | <b>Race:</b>             |                           | <b>Citizen of U.S.</b> |              |            |
|   |             |                           |                        |                          |                           |                        |              |            |
| <b>Driver's License # (or Non-Driver ID)</b>        |             | <b>License State</b>      | <b>Primary Phone #</b> | <b>Secondary Phone #</b> | <b>Email Address</b>      |                        |              |            |
|   |             |                           |                        |                          |                           |                        |              |            |
| <b>Employed By</b>                                  |             | <b>Current Occupation</b> |                        |                          | <b>Nature of Business</b> |                        |              |            |
|   |             |                           |                        |                          |                           |                        |              |            |
| <b>Business Address</b>                             |             |                           |                        | <b>Apt #</b>             | <b>City</b>               |                        | <b>State</b> | <b>Zip</b> |
|   |             |                           |                        |                          |                           |                        |              |            |

I hereby apply for a Pistol/Revolver License to: (Check only one)  Carry Concealed  \*Possess on Premises  \*Possess/Carry During Employment  
 (\*) Premise Address or Employer Name and Address must be provided below:

|   |   |
|---|---|
| <b>Employer Name (If Carry During Employment)</b> | <b>Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)</b> |
|   |   |

I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No)  Yes  No

Give four character references who by their signature attest to your good moral character

| Last, First, MI | Street Address (Street #, Name, Apartment #, City, State, Zip Code) | Signature |
|-----------------|---|-----------|
|                 |   |           |
|                 |   |           |
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**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

**Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**

**CURRENT MARRIAGE OR RELATIONSHIP**

What is the Applicant's current relationship status?

If applicable, provide the requested information regarding the Applicant's current relationship below.

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name (If Applicable)</b> | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

Do minors reside within the residence?  Yes  No      If, yes:  Part Time  Full Time

**ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN**

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name (If Applicable)</b> | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name (If Applicable)</b> | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

|                     |                   |             |                                    |            |
|---------------------|-------------------|-------------|------------------------------------|------------|
| <b>Last Name</b>    | <b>First Name</b> | <b>M.I.</b> | <b>Maiden Name (If Applicable)</b> | <b>DOB</b> |
|                     |                   |             |                                    |            |
| <b>Phone Number</b> |                   |             |                                    |            |
|                     |                   |             |                                    |            |

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?  
 Sealed arrests must be included. \*Refer to Executive Law §296(16)

Yes       No

If yes, furnish the following information:

| Arrest Date | Police Agency | Charge | Disposition Date | Disposition Court | Disposition |
|-------------|---------------|--------|------------------|-------------------|-------------|
|             |               |        |                  |                   |             |
|             |               |        |                  |                   |             |
|             |               |        |                  |                   |             |
|             |               |        |                  |                   |             |

Are you a fugitive from justice?  Yes  No

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?  Yes  No

Are you an alien illegally or unlawfully in the United States?  Yes  No

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?  Yes  No

Have you been discharged from the Armed Forces under dishonorable conditions?  Yes  No

Have you ever renounced your United States citizenship?  Yes  No

Have you ever suffered any mental illness?  Yes  No

Have you ever been involuntarily committed to a mental health facility?  Yes  No

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?  Yes  No

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act?  Yes  No

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs?  Yes  No

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?  
 \*THIS QUESTION ONLY APPLIES TO CARRY CONCEALED  Yes  No

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year?  Yes  No

If the answer to any of the questions above is YES, explain here:

*For applicants under twenty-one years of age only:*

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?  Yes  No

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

Photograph
Of Applicant
Taken Within 30 Days

\_\_\_\_\_

Full Face Only

Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:

- 1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

Jurat:
Signed and sworn to me before

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

at \_\_\_\_\_, New York

Signature of Applicant

Signature of Officer Administering Oath

Title of Officer

APPLICATION NOT VALID UNLESS SWORN

Fingerprints submitted electronically by:

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_

Date Submitted \_\_\_\_\_

Investigation Report - All information provided by this applicant has been verified:

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_

Signature of Investigating Officer

This application is [ ] Approved [ ] Disapproved

The following restriction(s) is (are) applicable to this license:

Title and Signature of Licensing Officer

If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:

\*\*\*List handguns only, do not list semi-automatic rifles.

Table with 7 columns: Manufacturer, Pistol/Revolver/Single Shot, Model, Frame Only, Caliber(s), Serial Number, Property of. Includes checkboxes for Frame Only.

Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.

This form is approved by the Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

**Character Reference Information Form**

Name of applicant: \_\_\_\_\_ Maiden/Any other: \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address, City, State, Zip)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Birthplace: \_\_\_\_\_

(City, State)

Years at current address: \_\_\_\_\_

Previous addresses (list all previous addresses for the past ten years):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Character References**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Employer name and address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Employer name and address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Employer name and address: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Employer name and address: \_\_\_\_\_

## Character Reference Questionnaire

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

Your Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Please answer each of the following questions and provide explanations when necessary.

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_

2. Has the applicant ever demonstrated violent tendencies or temper? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

3. Has the applicant ever had a problem with drug or alcohol abuse? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

4. Has the applicant ever suffered from or been treated for a mental illness or condition? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

5. If approved for a (Pistol permit) (Gun Dealer/Gunsmith License) do you believe the applicant will adhere to all applicable laws regarding the proper use and possession of a firearm? (If no, explain)

\_\_\_\_\_

\_\_\_\_\_

6. Do you have any reservations about the applicant possessing a Pistol Permit or a Gun Dealer/Gunsmith License? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

7. Has the applicant ever been associated with a subversive organization (e.g., Ku Klux Klan, Neo-Nazi, Hells Angels)? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

8. Please give a brief statement about the applicants' character, stability, and judgment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

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\_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

## Character Reference Questionnaire

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Your Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_