



**DUTCHESS COUNTY SHERIFF'S OFFICE
PISTOL PERMIT BUREAU
108 PARKER AVE
POUGHKEEPSIE, NY 12601**

HOURS OF OPERATION: MONDAY – FRIDAY 9 AM TO 3:45 PM

TELEPHONE – (845) 486-3883 / (845) 486-3896

EMAIL: DCPISTOLBUREAU@DUTCHESSNY.GOV

APPLICATION

DCSO PISTOL PERMIT APPLICATION



DUTCHESS COUNTY SHERIFF'S OFFICE

- YOU MUST BE AT LEAST 21 YEARS OF AGE TO APPLY.
- PENAL LAW 400.00 (1) (C) STATES AN INDIVIDUAL IS NOT ELIGIBLE FOR A PISTOL LICENSE IF THEY HAVE BEEN CONVICTED OF A FELONY OR ANY OF THE MISDEMEANOR CONVICTIONS LISTED BELOW WHICH ARE DEFINED AS "SERIOUS OFFENSES" IN PENAL 265.00 (17)
- YOU MUST BE A DUTCHESS COUNTY RESIDENT.
- START FILLING OUT THE NYS APPLICATION AT "LAST NAME"
- DO NOT FOLD THIS APPLICATION.
- USE BLACK INK ONLY.
- COMPLETE THREE COPIES OF THE NYS PISTOL PERMIT APPLICATION AND ATTACH THEM TO THIS APPLICATION (WWW.TROOPERS.NY.GOV/FIREARMS/PPB-3.PDF). THE APPLICATION MUST BE PRINTED DOUBLE SIDED. IF YOUR APPLICATION WAS PURCHASED AT THIS OFFICE THE STATE APPLICATION HAS ALREADY BEEN PROVIDED TO YOU.
- PROVIDE A MONEY ORDER IN THE AMOUNT OF \$25.00 PAYABLE TO "DCSO" WITH YOUR APPLICATION UPON SUBMISSION.
- APPLICATIONS CAN BE DROPPED OFF AT THIS OFFICE OR MAILED TO DUTCHESS COUNTY SHERIFF'S OFFICE PISTOL PERMIT BUREAU LOCATED AT 108 PARKER AVE, POUGHKEEPSIE, NY 12601
- PROVIDE A COPY ALL DOCUMENTS / RECORDS THAT ARE LISTED ON THE BACK OF THIS PAGE.
- PROVIDE AT LEAST 3 DOCUMENTS PROVING DUTCHESS COUNTY RESIDENCY. THREE OF THE FOLLOWING FORMS OF PROOF OF RESIDENCY ARE EXCEPTED:
 - 1. CABLE/INTERNET BILL
 - 2. UTILITY BILL
 - 3. BANK STATEMENT
 - 4. GOVERNMENT IDENTIFICATION
- PROOF OF RESIDENCY IN DUTCHESS COUNTY FOR AT LEAST 6 MONTHS PRIOR TO THE APPLICATION DATE.
- PROVIDE COMPLETED REFERENCE FORMS. REFERENCES MUST MEET THE FOLLOWING CRITERIA:
 - 1. MUST HAVE KNOWN THE APPLICANT FOR AT LEAST 5 YEARS
 - 2. REFERENCE MUST BE AT LEAST 21 YEARS OLD
 - 3. REFERENCES MAY NOT BE FAMILY MEMBERS, MEMBERS OF THE SAME HOUSEHOLD, POLICE OFFICERS, PEACE OFFICERS, JUDGES, CORRECTIONS OFFICERS, OR ANYONE THAT HAS BEEN CONVICTED OF A CRIME.
- AFTER THE APPLICATION HAS BEEN SUBMITTED WAIT TO BE CONTACTED BY THE PISTOL PERMIT BUREAU. ONCE YOUR APPLICATION HAS BEEN REVIEWED YOU WILL BE CONTACTED TO SCHEDULE AN APPOINTMENT TO BE FINGERPRINTED AS REQUIRED BY NYS. AT THIS TIME, YOU WILL NEED TO BRING WITH YOU AN ADDITIONAL MONEY ORDER FOR THE AMOUNT OF \$105.25 PAYABLE TO "DCSO".
- ALL ARRESTS REQUIRE A CERTIFICATE OF DISPOSITION FROM THE COURT OF JURISDICTION AND MUST BE PROVIDED WITH THIS APPLICATION TO THE D.C.S.O. PISTOL PERMIT BUREAU.
- MAKE SURE ALL PAGES THAT REQUIRE A SIGNATURE ARE SIGNED AND NOTARIZED

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION**

- ☐ COPY OF BIRTH CERTIFICATE / PROOF OF U.S. CITIZENSHIP / SOCIAL SECURITY CARD
- ☐ GUN SAFETY CLASS CERTIFICATE
- ☐ COPY OF A VALID NYS DRIVERS LICENSE WITH CURRENT ADDRESS
- ☐ COPIES OF PROOF OF RESIDENCY – UTILITY BILL, BANK STATEMENTS, CABLE BILL, OTHER
- ☐ NYS DMV ABSTRACT – COPY CAN BE OBTAINED <https://dmv.ny.gov/records/driving-records-abstracts> OR FROM A LOCAL DMV OFFICE.
- ☐ COPIES OF ALL CERTIFICATES OF DISPOSITIONS FROM ANY ARRESTS, CIVIL ACTIONS, GRAND JURY INDICTMENTS, OR SUMMONS (EXCLUDING MINOR TRAFFIC INFRACTIONS).
- ☐ COPIES OF ALL POLICE REPORTS RELATED TO APPLICANT ARRESTS OR ANY REPORT RELATED TO AN APPEARANCE IN CRIMINAL COURT. THIS REPORT MUST INCLUDE A NARRATIVE DETAILING WHAT OCCURRED.
- ☐ COPIES OF MILITARY SEPARATION PAPERWORK (DD-214) INDICATING WHAT TYPE OF DISCHARGE YOU RECEIVED.

APPLICATION WARNINGS

- ALL ARRESTS REGARDLESS OF DISPOSITION MUST BE DISCLOSED IN THIS APPLICATION. THIS INCLUDES ARRESTS THAT WERE DISMISSED.
- AN ARREST, FOR THE PURPOSES OF THIS APPLICATION, INCLUDES APPEARANCE TICKETS ISSUED OR CRIMINAL SUMMONS ISSUED TO YOU OR GRAND JURY INDICTMENTS. PLEASE KEEP IN MIND YOU DON'T HAVE TO BE HANDCUFFED OR TAKEN TO A POLICE STATION TO HAVE BEEN ARRESTED.
- A TRAFFIC TICKET WHERE AN INFRACTION IS ALL ALLEGED DOES NOT HAVE TO BE DISCLOSED. (EX. SPEEDING TICKET)
- PLEASE REVIEW THE FOLLOWING:

CRIMINAL SUMMONS – YOU HAVE BEEN DIRECTED TO APPEAR IN COURT BY A JUDGE TO ANSWER AN ALLEGATION MADE AGAINST YOU FOR AN ALLEGED VIOLATION OF LOCAL OR STATE LAWS AND ORDINANCES.

APPEARANCE TICKET – YOU WERE GIVEN DOCUMENTATION DIRECTING YOUR APPEARANCE IN COURT FOR A VIOLATION OF LOCAL LAW OR STATE LAW.

COURT DISPOSITION- GUILTY PLEA, CASE DISMISSED, ADJOURNMENT IN CONTEMPLATION OF DISMISSAL, JUVENILE CASE DISPOSITIONS TO INCLUDE YOUTHFUL OFFENDER STATUS AND ALL OTHER COURT DISPOSITIONS THAT MAY EXIST WITHIN OR OUTSIDE OF NEW YORK STATE.

GRAND JURY INDICTMENT – YOU WERE INDICTED BY A GRAND JURY AND EITHER ARRESTED OR ORDERED TO APPEAR BEFORE COUNTY COURT FOR ARRAIGNMENT.

- ALL PISTOL PERMIT APPLICATIONS ARE INVESTIGATED BY A DETECTIVE ASSIGNED TO THE PISTOL PERMIT BUREAU.
- ANY OMISSIONS OR FALSE INFORMATION PROVIDED TO THE SHERIFF'S OFFICE IN THIS APPLICATION MAY BE INVESTIGATED AS A CRIMINAL OFFENSE OR RESULT IN YOUR APPLICATION BEING WITHDRAWN FOR A PERIOD OF TIME.
- ALL QUESTIONS REGARDING ARRESTS OR CRIMINAL HISTORY MUST BE DIRECTED TO THE D.C.S.O. PISTOL PERMIT BUREAU.

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LAST NAME		FIRST NAME		M.I.
CURRENT ADDRESS (REMINDER THIS ADDRESS MUST BE WHERE YOU ACTUALLY RESIDE AND WILL BE VERIFIED)				
LIST ALL NAMES YOU HAVE GONE BY (MAIDEN NAMES, ALIAS, OR OTHER)				
D.O.B.	SEX	SOCIAL SECURITY NUMBER		DRIVERS LICENSE #
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	PLACE OF BIRTH
HOME PHONE NUMBER		CELL PHONE NUMBER		EMAIL ADDRESS
RACE		ETHNICITY		MARITAL STATUS (SINGLE, MARRIED, DIVORCED, SEPARATED)
SPOUSE/DOMESTIC PARTNER NAME AND PHONE NUMBER				
CITIZENSHIP				
<input type="checkbox"/> CITIZEN BY BIRTH		<input type="checkbox"/> NATURALIZED CITIZEN #		<input type="checkbox"/> RESIDENT ALIEN #
EMPLOYER NAME			OCCUPATION	
EMPLOYER ADDRESS			SUPERVISOR NAME AND CONTACT NUMBER	
WORK EMAIL ADDRESS				
LIST A PERSON THAT CAN SAFEGUARD YOUR FIREARMS IN THE EVENT OF YOUR DEATH OR SERIOUS INJURY				
NAME/D.O.B.		HOME PHONE:		CELL PHONE:
EMAIL ADDRESS:				
LIST TWO FAMILY MEMBERS THAT YOU DO NOT RESIDE WITH YOU				
1.	D.O.B.	HOME PHONE:	CELL PHONE:	
2.	D.O.B.	HOME PHONE:	CELL PHONE:	
LIST ALL ASSOCIATES OTHER THAN CHILDREN THAT CURRENTLY RESIDE WITH YOU OR HAVE RESIDED WITH YOU IN THE PAST 10 YEARS				
1.	D.O.B.	HOME PHONE:	CELL PHONE:	
2.	D.O.B.	HOME PHONE:	CELL PHONE:	
3.	D.O.B.	HOME PHONE:	CELL PHONE:	
4.	D.O.B.	HOME PHONE:	CELL PHONE:	
5.	D.O.B.	HOME PHONE:	CELL PHONE:	
LIST THREE KNOWN ASSOCIATES THAT ARE NOT LISTED AS REFERENCES IN THIS APPLICATION				
1.	D.O.B.	HOME PHONE:	CELL PHONE:	
2.	D.O.B.	HOME PHONE:	CELL PHONE:	
3.	D.O.B.	HOME PHONE:	CELL PHONE:	
LIST ALL PRIOR RESIDENCES IN THE LAST 20 YEARS				
1.				
2.				
3.				
4.				
5.				
HAVE YOU EVER HAD A PISTOL PERMIT SUSPENDED OR REVOKED?			IF YES, LIST LOCATION AND REASON	
<input type="checkbox"/> YES <input type="checkbox"/> NO				

DCSO PISTOL PERMIT APPLICATION



DUTCHESS COUNTY SHERIFF'S OFFICE

HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FAILED TO APPEAR IN COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU HAVE BEEN ARRESTED AND/OR FAILED TO APPEAR IN COURT PLEASE EXPLAIN BELOW THE CIRCUMSTANCES. INCLUDE WHAT THE ARREST WAS FOR, THE DATE, THE DISPOSITION, AND A BRIEF EXPLANATION OF WHAT YOU WERE ACCUSED OF DOING	
ARE YOU OR HAVE YOU EVER BEEN IN THE UNITED STATES MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT WAS YOUR DESIGNATED SEPARATION STATUS <input type="checkbox"/> HONORABLE <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> MEDICAL
IF YOU RECEIVED ANYTHING OTHE THAN HONORABLE DISCHARGE PLEASE EXPLAIN BELOW	
REASON FOR APPLYING FOR A PISTOL PERMIT – (Not Mandatory)	
<input type="checkbox"/> HUNTING <input type="checkbox"/> TARGET SHOOTING <input type="checkbox"/> PERSONAL DEFENSE <input type="checkbox"/> REQUIRED FOR EMPLOYMENT <input type="checkbox"/> OTHER -	



I, _____ HAVE READ EACH PAGE OF THIS APPLICATION AND HAVE ANSWERED EACH QUESTION TRUTHFULLY AND WITHOUT OMISSION. I FURTHER UNDERSTAND THAT I AM BEING CONSIDERED FOR A NEW YORK STATE PISTOL PERMIT AND CONSENT TO A COMPLETE BACKGROUND INVESTIGATION CONDUCTED BY THE DUTCHESS COUNTY SHERIFF'S OFFICE.

IN FURTHERANCE OF THE BACKGROUND INVESTIGATION, I CONSENT TO AND AUTHORIZE THE DISCLOSURE OF ALL INFORMATION THE DUTCHESS COUNTY SHERIFF'S OFFICE DEEMS RELEVANT TO THE EVALUATION OF MY ELIGIBILITY AND FITNESS TO HOLD A PISTOL PERMIT IN NEW YORK STATE.

I, THEREFORE, AUTHORIZE THE DISCLOSURE TO THE DUTCHESS COUNTY SHERIFF'S OFFICE OF SUCH INFORMATION, FILES AND RECORDS BY ALL MY FORMER AND CURRENT EMPLOYERS, EDUCATION INSTITUTIONS, GOVERNMENTAL BODIES, PROFESSIONAL ASSOCIATIONS, MEDICAL AND HEALTH CARE PRACTITIONERS, AND DISCIPLINARY OR GRIEVANCE BODIES AS MAY RELATE TO ME.

I HEREBY WAIVE ANY PRIVILEGE OF CONFIDENTIALITY WITH RESPECT TO THE RELEASE OF ANY SUCH INFORMATION TO THE DUTCHESS COUNTY SHERIFF'S OFFICE.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL WHICH SHALL REMAIN ON FILE AT THE DUTCHESS COUNTY SHERIFF'S OFFICE.

I UNDERSTAND THAT FALSE STATEMENTS MADE IN THE FOREGOING INSTRUMENT (NEW YORK STATE PISTOL PERMIT AND DUTCHESS COUNTY SHERIFF'S OFFICE PISTOL PERMIT IS A CRIME AND PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW. IN ADDITION, I UNDERSTAND THAT IF I PROVIDE FALSE INFORMATION OR STATEMENTS MY APPLICATION MAY BE DENIED.

SIGNATURE

PRINT NAME

DATE

Jurat:

Signed and sworn before me this ____ day
of _____,
20_____,
At _____,
New York.

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DUTCHESS COUNTY SHERIFF'S OFFICE PISTOL PERMIT BUREAU
CHARACTER REFERENCE LETTER- 4 REFERENCE LETTERS MUST BE COMPLETED

The below listed individual is applying for a license to carry a concealable firearm and has given you name as a reference. Please answer all questions and have this form notarized. If necessary, attach a separate sheet of paper and have it notarized. It is important to be honest and if you are unsure please ask the applicant.

Pistol Applicant:

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____
STREET CITY STATE ZIP

THIS SECTION TO BE COMPLETED BY THE PERSON PROVIDING THE CHARACTER REFERENCE

PLEASE NOTE: All persons completing a character reference on behalf of the applicant must be a resident of Dutchess County and may not be related to the applicant by blood ancestry or by marriage (in law) and must have known the applicant for a sufficient period of time to be able to establish the applicant's character and reputation in the community.

Reference information:

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____
STREET CITY STATE ZIP

Birth Date: ____ / ____ / ____ Sex: _____ Social Security #Last four only _____

E-Mail: _____ Telephone: Home: _____ Cell: _____

Occupation: _____ Employer: _____

Address: _____
Street City State Zip

In what manner do you know the applicant and for how long have you known him/her?

Have you ever known the applicant to use alcohol to excess?

What is the applicants general temperament? Have you ever known the applicant to engage in aggressive, threatening, violent or bizarre behavior? If so please explain.

Have you ever known the applicant to use drugs illegally or for social purposes? If so please explain:

Do you know of any contacts that the applicant may have had with the criminal justice system or of any unfavorable incident(s) involving the applicant? Please explain (attachment if required)

What is your overall opinion of the applicant relating to possessing concealable firearms?

Has the applicant now, or ever, made any statements verbally or on social media that would lead you to believe that the applicant may harm themselves or others? Yes _____ No _____

REFERENCE NAME (PRINT) X
REFERENCE SIGNATURE

STATE OF NEW YORK
COUNTY OF DUTCHESS

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____ DAY OF _____ YEAR _____

X

SIGNATURE OF NOTARY PUBLIC

DUTCHESS COUNTY SHERIFF'S OFFICE PISTOL PERMIT BUREAU
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REFERENCE NAME (PRINT) _____ X _____
REFERENCE SIGNATURE

STATE OF NEW YORK
COUNTY OF DUTCHESS

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____ YEAR _____

X _____
SIGNATURE OF NOTARY PUBLIC

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ADDRESS: _____
STREET CITY STATE ZIP

Birth Date: ____ / ____ / ____ Sex: _____ Social Security #Last four only _____

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Occupation: _____ Employer: _____

Address: _____
Street City State Zip

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REFERENCE NAME (PRINT) X
REFERENCE SIGNATURE

STATE OF NEW YORK
COUNTY OF DUTCHESS

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____ YEAR _____

X
SIGNATURE OF NOTARY PUBLIC

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Occupation: _____ Employer: _____

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Has the applicant now, or ever, made any statements verbally or on social media that would lead you to believe that the applicant may harm themselves or others? Yes _____ No _____

REFERENCE NAME (PRINT) X
REFERENCE SIGNATURE

STATE OF NEW YORK
COUNTY OF DUTCHESS

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____ YEAR _____

X
SIGNATURE OF NOTARY PUBLIC

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	

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:		Race:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	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) <input type="checkbox"/> Carry Concealed <input type="checkbox"/> *Possess on Premises <input type="checkbox"/> *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) <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Do minors reside within the residence? ☐ Yes ☐ No If, yes: ☐ Part Time ☐ Full Time
ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS**

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 sealed arrests 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?

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?

Are you an alien illegally or unlawfully in the United States?

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?

Have you been discharged from the Armed Forces under dishonorable conditions?

Have you ever renounced your United States citizenship?

Have you ever suffered any mental illness?

Have you ever been involuntarily committed to a mental health facility?

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?

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?

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?

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?

***THIS QUESTION ONLY APPLIES TO CARRY CONCEALED**

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?

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?

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.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

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 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
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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:		Race:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	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) <input type="checkbox"/> Carry Concealed <input type="checkbox"/> *Possess on Premises <input type="checkbox"/> *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) <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Do minors reside within the residence? ☐ Yes ☐ No If, yes: ☐ Part Time ☐ Full Time
ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
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Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS**

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 sealed arrests 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?

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?

Are you an alien illegally or unlawfully in the United States?

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?

Have you been discharged from the Armed Forces under dishonorable conditions?

Have you ever renounced your United States citizenship?

Have you ever suffered any mental illness?

Have you ever been involuntarily committed to a mental health facility?

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?

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?

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?

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?

***THIS QUESTION ONLY APPLIES TO CARRY CONCEALED**

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?

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?

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.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

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 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	

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:		Race:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	Primary Phone #	Secondary Phone #		Email Address	
Employed By	Current Occupation		Nature of Business		
Business Address			Apt #	City	State Zip
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State of New York
Pistol/Revolver License Application
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State of New York
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at _____, New York

Signature of Applicant

Signature of Officer Administering Oath

Title of Officer

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Name _____ Rank _____ Organization _____

Date Submitted _____

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Signature of Investigating Officer

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			<input type="checkbox"/>			
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