Chenango County Pistol Permit Application

Chenango County pistol permits will only be issued to residents of the County who are 21 or older. A background check will be performed on all applicants by the County Sheriff's Office. All answers to statements under oath will be thoroughly investigated. Applications must be completed in black ink.

Instructions

- 1) Complete both copies of the State of New York Application.
 - DO NOT complete the NYSID Number, License Number, Date of Issue, County of Issue or Expiration Date sections on the NYS application. These sections are for office use.
 - If your mailing address is a PO Box, please also include your street address. Use NY addresses only.
 - All applicants must provide either a NY State Driver's License or NY State Non-driver ID number.
 Applicants who have out-of-state driver's licenses must obtain a NY State Non-driver ID prior to applying.
 - A reason for obtaining your pistol permit must be provided. Reasons will be investigated for accuracy.
 - Please note that a Possess On Premises permit only allows for pistols to be used on the property indicated.
 - Four character references from Chenango County, whom you have been associated with for a period of sufficient time to certify as to the applicant's capability to possess a pistol permit, are required. References should not include relatives or persons holding an appointed or elected office.
 - List all felony, misdemeanor, and serious offense convictions in the appropriate area.
 - Do not sign either copy of the application until you are in the presence of a Notary Public.
- 2) Complete the Chenango County Sheriff's Personal History Questionnaire.
- 3) Complete the Background Check Authorization Request form. Do not sign until in front of a Notary Public.
- 4) Include any additional accompanying documents such as additional pages for previous or additional current addresses, past criminal offenses, military discharge documents, or proof of part-time residence.
- 5) Get photos taken. Two color or b&w photo, taken within the last 30 days, must be submitted. Photos must have a plain background and fit an area 11/4 in. wide by 13/4 in. long. Photos can be taken at the County Clerk's Office.
- 6) Sign the State of New York Applications and the Background Check form in the presence of a Notary Public.
- 7) Submit completed packet to the Chenango County Sheriff's Office. A \$10 fee is required, cash or money order.
- 8) Arrange for fingerprints to be taken. Fingerprinting must be coordinated through the Sheriff's Office after the application is submitted. Please contact the Chenango County Sheriff's Office for more information.
- 9) Wait for approval letter from the County Court Judge's chambers. Application processing times vary and may take 6 months or longer. The County Court Judge will review each application and final approval is at the Judge's discretion. You may be asked to appear before the Judge at any time during the process. All fees are non-refundable.
- 10) If approved, bring the approval letter to the Chenango County Clerk's office to pick up the new permit. A fee of \$10, payable by cash or check only, will be due at that time.

Please Note

- The required safety course(s) should be taken after you permit has been approved and issued.
- All pistols in the possession of an individual without a pistol permit MUST be surrendered to law enforcement.
- Pistol permits issued to aliens will show reasons and names of persons certifying as to the character of applicant.
- All instances of voluntary and involuntary commitments to mental health facilities must be reported by the applicant. Permits will not be approved for a person who has been committed to a mental institution or is receiving or has received outpatient treatment in a private or public mental health clinic unless a certificate of competency is provided.
- Pistol permit will not be approved for a person who has been convicted of a felony or serious offense as listed in Section 265.00 Sub 17 of the New York Penal Law.
- Those who have been dishonorably discharged from the military are discouraged from applying for a pistol permit.

If you have questions, please contact the Chenango County Clerk's Office at 607-337-1450.

CHENANGO COUNTY COURT STATE OF NEW YORK **COUNTY OF CHENANGO**

Hon. Frank B. Revoir, Jr. Chenango County Judge



Catherine A. Schell Chief Clerk

Barry J. Fitzgerald Court Attorney

January 7, 2016

ALL PISTOL PERMIT APPLICANTS TO:

COURT DIRECTIVE REGARDING PISTOL PERMIT POLICY RE:

Article 400 of the Penal Law provides full discretion to the licensing officer regarding approval of pistol permits. As the licensing officer for Chenango County, I have taken a slightly different approach to the local issuance of permits. For instance, upon the Court's discretion, an applicant may be required to personally appear before the Court for a separate determination as to their suitability and appropriateness for licensure.

ALL PERMITS WILL BE LIMITED TO HUNTING AND TARGET SHOOTING ONLY. The application is available in the Chenango County Clerk's Office.

The HUNTING AND TARGET SHOOTING ONLY PERMITS will be construed so as to permit the licensee to transport the gun(s) from the home for the intended use of hunting or target shooting. While being transported, the restraint devices are recommended.

A Court approved Pistol Permit Safety Course will be required to be taken during the first year after the permit is issued. As many of you know, this policy has also been in existence for many years in Broome County and has worked well.

Those wishing to upgrade to a carry conceal permit, after a permit has initially been issued, may take one of the Court approved courses available for this type of unrestricted permit. A duplicate permit is then issued upon course completion and approval.

The policy in this County shall be to continue to issue pistol permits to all responsible applicants in a courteous, expeditious and efficient manner.

Very truly yours,

Frank B. Revoir, Jr.

Chenango County Court Judge

Ful B. R

<u>Chenango County Sheriff's Office</u> <u>Pistol Permit Personal History Questionnaire</u>

Instructions:

- 1. Hand Print clearly in black ink.
- 2. Answer every question. If a question does not apply to you, so state with N/A.
- 3. Any unanswered, incomplete, or omitted questions may result in rejection of your application or dismissal.
- 4. If the space available is insufficient, use a separate sheet of 8 $\frac{1}{2}$ x 11 paper and attach.
- 5. Do not misstate or omit any material fact since the statements made herein are subject to verification.
- 6. Answer all questions accurately and completely.

| LAST NAME | FIRST NAME | | MIDDLE NAME |
|---|--|--------------------------|----------------------------|
| STREET ADDRESS | | | |
| CITY | COUNTY | STATE | ZIP CODE |
| ESIDENCE TELEPHONE (A | AREA CODE) CELLULAR TELEPHONE (AREA C | ODE) DAY / | WORK TELEPHONE |
| SOC. SEC. NO. D | RIVERS LIC. NO. DATE OF | BIRTH | PLACE OF BIRTH (CITY/STATE |
| FACEBOOK and/or M | YSPACE ADDRESS(ES): | | |
| Alias(es), nicknames, l | Maiden Name, or other changes in nam | ne: | |
| Marital Status: Sing | ge [] Married [] Engaged [] | Separated [| |
| Marital Status: Sing | ge [] Married [] Engaged [] | Separated [| |
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| Marital Status: Sing Name of Spouse: Name and address Name | ge [] Married [] Engaged [] of spouse(s) if divorced or separated: Address (Street, 6 | Separated [|] Divorced [] |
| Marital Status: Sing Name of Spouse: Name and address Name | ge [] Married [] Engaged [] of spouse(s) if divorced or separated: | Separated [City, State) |] Divorced [] |

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| Have you ever served in a milit | ary organiz | ation of the | United Stat | e.? Yes | [] No [|] (INCLUI | DE COPY OF F | ORWI DD-214 | | |
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| Branch of Service: | | | | | | | | | | |
| What is the type of your | discharge | e? Be exa | ct. | | | | | | | |
| onorable [] Dishonorable [|] Gene | eral [] | Medical [|] Hono | rable Condition | ons [] Othe | er: | | | |
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| Are you now or were you Yes [] No [] | ever on a | active or : Active [| inactive dı] Inacti | uty of a | ny branch (] | of the United | d States Rese | rve Forces? | | |
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| st all jobs you have held in | n the last | TEN yea | rs. Place | your pr | esent or m | ost recent jo | b FIRST: | | | |
| From: To: | | Name o | f Employe | er: | | | | | | |
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| List all jobs you have held in | n the l | ast TEN years. | | | | | |
| From: To: | | Name of Employer: | | | | | |
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| Job Title: | | City, State, Zip Code: | | | | | |
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| a. Have you ever been arrest | ted by | n: (Show all arrests including ANY law enforcement agency records were expunged, Dism | ? Provide police | and court r | | | ilable. |
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| with for a period of sufficient | time to | acter references are required from certify as to the applicant's capa sons holding an appointed or ele Mailing Addres | ability to possess a cted position. <u>MU</u> | a pistol permi ST BE SAME Day/Cell P | it. Refer AS ON hone | rences s NY API Resider | should NOT |
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| I hereby swear or affirm that statements and answers to falsifications, or omissions, | questi | ions. I am aware that should | omissions in or investigation di | falsification sclose such | of the misrep | above present | tations, |
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Criminal Record Check Authorization

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Notary Public

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officer law, I hereby request a criminal record check on the following subject. To help alleviate any problem, this form has been signed by the subject and witnessed by a notary public. I, ______do hereby authorize Any Law Enforcement Agencies, (Print Full Name) to release all information and/or reports pertaining to arrests, criminal records or complaints I may have to the Chenango County Sheriff's Office. ____/ Date of Birth: Social Security #: Address: Sworn to before me this _____day of ______, 20___.

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INSTRUCTIONS: Print or type in black ink only

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| NYSID Number | | | PPB 3 (Rev. 06/17) | | | County of Issue | | |
| License Number | | , , | STATE O | F NEW YORK | | | | Code |
| Date of Issue Mont | Day Year | | PISTOL /REVOLVER | R LICENSE APPL | CATION | Expiration Date | Month | ay Year |
| Pistol Permit Bureau a | s part of the standar | d for rec | , you are hereby notified the ording Firearms. Failure to Security Number only for n | disclose your Soc | ial Security | Number will prohibit | your transaction from | the being |
| Last Name | 1 1 1 1 1 | 11 | | | 11 | | | Suffix |
| First Name | | | | MI Date | of Birth - MM | DD YYYY NY | Driver's License (or NY Non | -Driver ID) No. |
| Gender Social Security | | Race | Height Weight | Eyes | Hair | Citizen of U.S.A | | ************************************** |
| Gender Social Security | | Race | ft in Weight | Lyes | 11011 | YES NO | | |
| Physical Address (Street nur | mber, street name, apartm | ent number, | city, state, zip code) | | | | | |
| Mailing Address (If different f | from physical address) | | | | | | | |
| Primary Phone Number | | Se | condary Phone Number | | Email Addre | ess | | |
| Employed By | | | Present Occupation | | | Nature of Business | | |
| Business Address (Street num | nber, street name, apartme | nt number, | city, state, zip code) | | | | | |
| I hereby apply for a P (*) Premise Address or Employer Name (If Carry Duris | Employer Name and A | | : (Check only one) | | | | | mployment |
| A license is required | for the following re | asons: | | | | | | |
| Give four character re | | | nature attest to your good | | | tip code) | Signature | |
| Last, Fil | 51, 1911 | 300 | bt Address, (Gilect Hamber, Spect) | iamo, aparament riamo | .,, | | | |
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| | | | ed or indicted anywhere f | an amu affamaa li | aluding [| NAI (aveant traffic in | fractions 12 VES | П NO |
| If Yes, furnish the follow | rrested, summone ving information: | d, charge | ed or indicted anywhere t | | | | | |
| Arrest Date | Police Agency | | Charge | Disposition D | ate | Disposition Court | Dispositio | n |
| | | | | | | | | |
| Are you a fugitive from | n justice? | | | | | | ☐ YES | □ NO |
| Are you an unlawful u | ser of or addicted | to any co | ontrolled substance as de | fined in section | 21 U.S.C. | 802? | ☐ YES | ☐ NO |
| Are you an alien illega | ally or unlawfully in | the Uni | ted States? | | | | YES | ☐ NO |
| Are you an allen admi | tted to the United \$ | States w | ho does not qualify for the | e exceptions und | ler 18 U.S. | C. 922 (y)(2)? | YES | □ NO |
| Have you been discha | rged from the Arm | ed Force | es under dishonorable co | nditions? | | | YES | □ NO |
| Have you ever renoun | ced your United St | ates citi | zenship? | | | | YES | □ NO |
| Have you ever suffere | d any mental illnes | s? | | | | | YES | □ NO |
| Have you ever been in | voluntarily commi | ted to a | mental health facility? | | | | YES | NO |
| Have you ever had a p | | | | - 4 4 - 4b | 6 | tion 520 44 of the | ☐ YES | □ NO |
| criminal procedure lav | v or section eight h | undred | bility order issued pursua forty-two-a of the family o | ourt act? | | | YES | NO |
| Have you had a guard of marked subnormal manage your own affa | intelligence, menta | ou pursi I illness, | uant to any provision of s , incapacity, condition or | tate law, based o disease you lack | n a deterr the ment | nination that as a res al capacity to contra | ct or YES | □ NO |
| Are you aware of any (| good cause for the | | | | | | ☐ YES | □ NO |
| Are you prohibited from misdemeanor crime of exceeding one year? | m possessing firea domestic violence | rms und or bein | ler federal law, including g under indictment for a c | having been con crime punishable | victed in a by impris | nny court of a conment for a term | YES | □ NO |
| If the answer to any of | the questions abo | ve is YE | S, explain here: | | | | | |
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| 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? | | | | | | | |
|---|------------------------------------|---------------------------------------|---------------|------------|----------------------------|---------------------------|--|
| Photograph Of Applicant Taken Within 30 Days 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: No license issued as a result of this application is valid in the City of New York. Any 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. 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. 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. | | | | | | | |
| | | Signed and sworn to before This da | | | | . 20 | |
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| | | | | | | • | |
| Signature of Applicant Signature of Officer Administering Oath Title of Officer APPLICATION NOT VALID UNLESS SWORN | | | | | | | |
| Fingerprints submitted el | ectronically by: | | | | | | |
| Name | | Rank | | | Organization | | |
| Date Submitted | | _ | | | | | |
| Investigation Report - All | information provi | ded by this applicant has | been ve | rified: | | | |
| Name | | | | | Omanization | | |
| Name | | , , , , , , , , , , , , , , , , , , , | | | | | |
| | | _ | | | Signature of Investigating | Officer | |
| This application is Approved | – Disapproved (Stri | ke out one) | The foll | owing rest | riction(s) is (are) appli | cable to this license: | |
| | | | | | | | |
| Title and Si | gnature of Licensing Officer | | | | | | |
| If Licensing Officer author furnish the following infor | | on of a pistol, revolver or | single s | hot firear | m(s) at the time of is | ssue of original license, | |
| Manufacturer | Pistol / Revolver / Single Shot | Model | Frame Only | Caliber(s) | Serial Number | Property Of | |
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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.

INSTRUCTIONS: Print or type in black ink only

| ANYOUR ALCOHOL | 1111 | PPB 3 (Rev. | 06/17) | | | County of Issue | | | |
|---|---|----------------------------|--------------------------|--------------------------------|---------------------------|---------------------------------------|------------------------|-------------|---------------|
| NYSID Number | | | | | | | | | Code |
| License Number | See the Intervention I | | STATE OF | | 0.471011 | Expiration Data | I M | onth Day | / Year |
| Date of Issue Month | Day Year | PISTO | L /REVOLVER LI | CENSE APPLI | CATION | Expiration Date | | | |
| In accordance with the Fede | and Character Ant of a | 1074 you are has | aby notified that w | your Social Sec | aurity Normh | er is not mandate | nd by law It is re | quired by t | he |
| Pistol Permit Bureau as par recorded. The State Police | t of the standard for | r recording Firear | ms. Failure to disc | close your Soci | ial Security | Number will prof | nibit your transac | tion from b | peing |
| Last Name | 1 1 1 1 1 | T I I I | 1 1 1 1 | 1 1 1 1 | 1 1 | 1 1 1 1 | 1 1 1 1 | S | Suffix |
| | | | | 1101 5-1- | of Birth – MM | DD WWY | NY Driver's License | (or NY Non- | Driver ID) No |
| First Name | | 1111 | I I I I | MI Date | Of Birdi – MM | | I I I I I I | | |
| Gender Social Security | F | Race Height | Weight | Eyes | Hair | Citizen of U.S.A | 13. 排头器 | | 时代的 |
| | | ft | n l | | | YES NO | o Lateral | 2 1 2 12 | |
| Physical Address (Street number, s | street name, apartment nu | umber, city, state, zip co | ode) | | | | | | |
| Mailing Address (If different from pl | hysical address) | | | | | | | | |
| Primary Phone Number | | Secondary Phone I | Number | | Email Addre | SS | | | |
| | | | | | | Nature of Business | | | |
| Employed By | | Present Occu | pauon | | | Nature of Business | | | |
| Business Address (Street number, s | treet name, apartment nu | umber, city, state, zip co | de) | | | | | | |
| I hereby apply for a Pisto | I / Revolver Licens | se to: (Check on | v one) \square Carry (| Concealed [] * | Possess | on Premises 🗆 * | Possess / Carry | During Er | nployment |
| (*) Premise Address or Emp | loyer Name and Addre | ess must be provide | d below: | | | | | | |
| Employer Name (If Carry During Em | ployment) | Address o | r Other Location (Stree | et number, street na | me, apartment | number, city, state, zip | code) | | |
| | | | | | | | | | |
| A license is required for t | ne following reaso | ons: | | | | | | | |
| Give four character refere | nces who by their | r signature attes | t to your good m | oral characte | r. | | | | |
| Last, First, MI | thees who by then | Street Address, (St | reet number, street nam | ne, apartment numb | er, city, state, | zip code) | Signal | ure | |
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| Have you ever been arres | | charged or indict | ed anywhere for | any offense, i | including l | OWI (except traff | fic infractions)? | ☐ YES | □ № |
| Arrest Date | Police Agency | | Charge | Disposition [| Date | Disposition Co | urt | Disposition | 1 |
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| Are you a fugitive from ju | | | | | | | | YES | NO |
| Are you an unlawful user | of or addicted to a | any controlled s | ubstance as defi | ned in section | 21 U.S.C. | 8027 | | YES | □ NO |
| Are you an alien illegally | | | | | | | | YES | □ NO |
| Are you an alien admitted | | | | | der 18 U.S | .C. 922 (y)(2)? | | YES | NO |
| Have you been discharge | | | shonorable cond | ditions? | | | | YES | □ NO |
| Have you ever renounced | your United State | es citizenship? | | | | | | YES | □ NO |
| Have you ever suffered ar | | | | | | | | YES | □ NO |
| Have you ever been invol | untarily committed | d to a mental hea | ilth facility? | | | | | YES | □ NO |
| Have you ever had a pisto | | | | | | P00 44 4 | \ | YES | ∐ NO |
| Are you under any firearm criminal procedure law or | section eight hun | ndred forty-two-a | of the family co | urt act? | | | | YES | □ NO |
| Have you had a guardian of marked subnormal inte | appointed for you lligence, mental ill | pursuant to any | provision of sta | te law, based | on a deter k the men | mination that as tal capacity to c | a result ontract or | YES | □ NO |
| manage your own affairs? Are you aware of any goo | | enial of the licens | se? | | | | | YES | □ NO |
| Are you aware of any good Are you prohibited from p misdemeanor crime of do exceeding one year? | ossessing firearm | ns under federal | law, including ha | aving been co ime punishabl | nvicted in le by impri | any court of a sonment for a te | erm _ | 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? | | | | | | | | |
|--|--|--------------------|-------------|------------------|--------------|-------------------------------|--------------------------|--|
| | | | | | | | | |
| 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: No license issued as a result of this application is valid in the City of New York. Any 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. 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. 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. | | | | | | | |
| | J | Jurat: Signed a | nd sworn to | before me | | | | |
| | | This | | day of | | | , 20 | |
| | | | | | | | | |
| | | | | | | | | |
| Signature of Applicant | | | Signature | of Officer Admin | stering Oath | | Title of Officer | |
| | | | | APPLIC | ATION NO | T VALID UNLESS SW | ORN | |
| Fingerprints submitted ele | ctronically by: | | | | | | | |
| Name | | | Rank | | | Organization | | |
| Date Submitted | | | | | | | | |
| Investigation Report - All i | nformation prov | ided by this | applicant l | has been v | erified: | | | |
| Name | | | Rank | | | Organization | | |
| | | | | | | | | |
| | | | | | | Signature of Investigating Of | fficer | |
| This application is Approved | – Disapproved (St | rike out one) | | The fo | llowing rest | triction(s) is (are) applica | able to this license: | |
| Title and Sig | nature of Licensing Office | r | | | | | | |
| If Licensing Officer authori | zes the possess | | ol, revolve | r or single | shot firea | rm(s) at the time of is: | sue of original license, | |
| furnish the following inform | | | | | | | | |
| Manufacturer | Pistol / Revolver / Single Shot | | Model | Fram Only | Caliber(s) | Serial Number | Property Of | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

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.