

OFFICE OF THE ESSEX COUNTY CLERK

HON. RICHARD B. MEYER  
ESSEX COUNTY COURT JUDGE

Hon. Joseph A. Provoncha  
Essex County Clerk

Pamela Williams  
Pistol Permit Clerk

INSTRUCTIONS FOR COMPLETING PISTOL PERMIT APPLICATION

***PLEASE READ BEFORE STARTING APPLICATION PROCESS***

1. Applicant must be a resident of ESSEX COUNTY. EFFECTIVE NOVEMBER 1, 2000 NYS LAW STATES THAT APPLICANT MUST BE 21 YEARS OF AGE AT THE TIME OF THE ISSUANCE OF A PISTOL PERMIT. Usually a residency requirement of one year is required.
2. Use the COMPLETE packet you are given: 2 applications, fingerprint instructions and 1 reference sheet. All questions must be answered and all copies completed.
3. PRINT or TYPE your answers legibly. **USE BLACK INK ONLY.** You are required to fill in both applications STARTING WITH THE GRAY SHADED AREA that begins with your name. **DO NOT FILL IN AREA THAT SAYS: NYSID # - LICENSE # - DATE OF ISSUE - COUNTY - EXPIRATION DATE.**
4. Four character references are required. Each person who signs as a character reference must sign each copy in his/her own handwriting. Reference must have known applicant for a period of no less than ONE YEAR and reference must reside in ESSEX COUNTY. Be sure to list a daytime phone number on your reference sheet where you can be reached or a message taken for you. You need to list a reason why you are applying for a license.
5. Two square photos, 2"x2" full face, head and shoulders, taken within 30 days of your application, must accompany the application. They can be black and white or colored. Machine and Polaroid prints are NOT accepted. DO NOT attach them to the applications. The photographs must be DUPLICATE prints. Photos are available in this office. The fee is \$8.00 for two photographs.
6. **IF YOU CURRENTLY OWN PISTOLS, REVOLVERS OR SINGLE SHOT FIREARMS (BEING HELD ELSEWHERE) YOU MUST LIST THEM AT THE BOTTOM OF PG 2 OF THE APPLICATION.**
7. Read carefully the conditions on the back of the application affecting any license which may be issued. **Be sure you have your signature NOTARIZED on each application.**
8. See attached sheet regarding fingerprinting to process your application.
9. A fee of \$20.00 is required UPON ISSUANCE of the pistol permit license. DO NOT SEND THE FEE AT THIS TIME. Upon notification from this office that your permit has been approved, a personal check or cash will be acceptable. You will receive a call to pick up your permit in person. PROCESSING OF APPLICATIONS TAKES SIX TO NINE MONTHS.
10. When your application is fully completed, you may return it to this office in person or by mail. And the matter will receive our further attention. If you have any questions please contact me at 518-873-3604. If I am unavailable, leave a message and I will return your call. Please address applications to: **Essex County Pistol Permit Bureau PO Box 247 Elizabethtown, NY 12932**

## Scheduling Fingerprints

- \* Online: <https://enroll.identogo.com>
- \* Enter Service Code: 152189
- \* Select Manage / Schedule Appointment
- \*\* \$101.75 will be due at time of fingerprinting \*\*



English >

### 152189 - New York Essex County Pistol Permit Bureau - Pistol

← Back to Home

#### Schedule or Manage Appointment

Schedule an in-person appointment or change an existing appointment.

#### What do I need to bring to enrollment?

Find out which documents you need to bring to the enrollment center to facilitate processing.

#### Locate an Enrollment Center

Locate and get directions to an enrollment center near you.

#### Submit A Fingerprint Card by Mail

Complete the pre-enrollment information necessary to submit a fingerprint card enrollment by mail.



#### Check the Status of your Service

Check your status or reprint your cards:an registration form.  
For additional help, [contact customer service](#).



#### Manage an existing Appointment

Reschedule an existing appointment or schedule a retake.

## 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: (LAST FOUR) <b>XXX-XX-</b>			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)      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.

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

**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	

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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: (LAST FOUR) <b>XXX-XX-</b>		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)      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

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

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

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
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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?  
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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**

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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

**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.





# ESSEX COUNTY PISTOL PERMIT REFERENCE SHEET

Please print the names and address of your references as well as their phone numbers in the spaces provided:

1. \_\_\_\_\_  
(name) (address) (phone)

\_\_\_\_\_ (business address and phone)

2. \_\_\_\_\_  
(name) (address) (phone)

\_\_\_\_\_ (business address and phone)

3. \_\_\_\_\_  
(name) (address) (phone)

\_\_\_\_\_ (business address and phone)

4. \_\_\_\_\_  
(name) (address) (phone)

\_\_\_\_\_ (business address and phone)

Are you presently taking any prescription medication?

If so, please list your doctor's name and address: YES NO

\_\_\_\_\_ (name, address and phone)

Are you familiar with the New York State Penal Law Section 400 provisions concerning firearms? YES NO

APPLICANT'S NAME \_\_\_\_\_  
(Last) (First) (Middle)

APPLICANT'S PHONE NUMBER \_\_\_\_\_ DAYTIME PHONE NUMBER \_\_\_\_\_



## NYS Firearms License Request for Public Records Exemption

*Pursuant to section 400.00 (5) (b) of the NYS Penal Law*

I am:  an applicant for a firearms license  currently licensed to possess a firearm in NYS

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Firearms License # (if applicable) \_\_\_\_\_ Date Issued \_\_\_\_\_

Licensing Authority / County of Issuance or Application \_\_\_\_\_ **Essex**

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I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should NOT be publicly disclosed are as follows: *(check all that are applicable)*

1. My life or safety may be endangered by disclosure because:

- A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- B. I am a protected person under a currently valid order of protection;
- C. I am or was a witness in a criminal proceeding involving a criminal charge;
- D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: *(Must be explained in item 5 below)*

3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.

*(Please check any that apply)*

A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.

5. *(Please provide any additional supportive information as necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to:  
Essex Co Pistol Permit Bureau  
PO Box 247  
Elizabethtown, NY 12932

