OFFICE OF THE ESSEX COUNTY CLERK

HON. KRISTY L. SPRAGUE
ESSEX COUNTY COURT JUDGE
LICENSING OFFICE

Chelsea M. Merrihew
Essex County Clerk

Stacey J. Hayes
Deputy County Clerk

INSTRUCTIONS FOR COMPLETING PISTOL PERMIT APPLICATION

PLEASE READ BEFORE STARTING APPLICATION PROCESS

1. 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.

2. Use the complete packet you are given application, fingerprints instructions, reference sheet, authorization of release of information and NYS firearms license request for public records exemption form. All questions must be answered completely.

   • **If applying for "Carry Concealed" you will need to take the NYS Certified Pistol Permit 16 HR Training and 2 HR Range Time. The "Certificate of Completion" needs to accompany this application at the time of return to our Office.** •

3. PRINT or TYPE your answers legibly. **USE BLACK INK ONLY. 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 his/her own handwriting. Reference must have known applicants for a period of no less than ONE YEAR. Be sure to list a daytime phone number on your reference sheet where you can be reached or a message taken for you.

5. 1 square photos, *2"x2"* full face, head and shoulders, taken within 30 days of your application, must accompany the application. DO NOT attach them to the application. Photos are available in this office. The fee is $10.00 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 application.**

8. See attached sheet regarding fingerprinting to process your application.

9. PROCESSING OF APPLICATIONS TAKES EIGHT (8) TO SIXTEEN (16) MONTHS some cases even longer.

10. **When your application is fully completed, including safety certificate & fingerprint receipt, you may return it to this office in person or by mail along with $10.00 application fee.** If you have any questions, please contact me at 518-873-3609. 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**

Instructions for Fingerprinting at L-1 Enrollment Service Live Scan Location

You will need to schedule an appointment for fingerprinting by going on the Internet to **www.identogo.com** website click on New York or **calling their L-1 toll free can center at (877)-472-6915.** Appointment scheduling via the call center Is available Monday through Saturday 9 am - 9pm.

When you schedule an appointment through the L-1 website, remember to print out the confirmation page and bring It with you to your appointment.

You can select the most convenient location to get fingerprinted as part of making your appointment. Select "NY" and then click on "Locations" to view the fisting.

YOU WILL NEED TO KNOW THE FOLLOWING SERVICE NUMBER TO SCHEDULE YOUR APPOINTMENT AND WHEN YOU GO TO BE FINGERPRINTED.

THE SERVICE NUMBER IS: 152189

Payment for the live scan services and the processing of the fingerprints are $104.50 You will need to bring a Credit Card, check or money order for $104.50.

When you go to the fingerprinting location you need to bring 1 form of identification, *which* must *have a photo.* When you schedule your appointment, you will be given the options of what forms of Identification are considered acceptable. Such options Include driver's license, US Passport, Social Security Card, etc...

At the fingerprint location, the identification document will be reviewed, fingerprints rolled, and photo taken. Once you have been fingerprinted, L-1 immediately launches the fingerprint transaction and photo to DCJS tor processing.

You will be provided with two receipts Indicating your name, fingerprinting site location, date and time, fee paid and reason for fingerprinting. YOU MUST PROVIDE ONE OF THE RECEIPTS TO THE COUNTY CLERK'S OFFICE WHEN YOU SUBMIT YOUR APPLICATION.

Should either DCJS or the FBI reject a transaction due to Image quality reason. L-1 will contact you and advise you that they must schedule an appointment for reprinting. There is no additional cost that will be charged for reprinting.

PPB-3 (Rev 12/24) **Complete the form in its entirety. Fields that are not fillable must be hand written/signed.**

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.

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

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**

_____ Title and Signature of Licensing Officer

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

_____

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

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any Local, State or Federal Law Enforcement Agency; Any State, County or Municipal Bureau or Vital Statistic Office; or New York State Mental Health Database; or other _____

_____

☐ **I am Appling for a New York State Pistol Permit in _____ County.**

☐ **I am requesting my New York State Pistol Permit in _____ County be transferred to _____ County.**

I am aware that my background will be thoroughly investigated, and I hereby authorize and request the release of all the information you have that concerns me to a representative of New York State Police and/or a representative of the respective county court system which is processing my pistol permit. This authorization, or reproduction thereof, shall be valid for a period of one year from the date of execution of this document.

FULL NAME: _____
Date of Birth: _____
Address: _____
Address: _____
Social Security Number: _____
Date of Signature: _____

Witness' Signature: _____
Witness' Full Name: _____
Dates of Signature: _____
Date of Birth: _____
Address: _____
Address: _____

ESSEX COUNTY PISTOL PERMIT
REFERENCE SHEET

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

1. _____
(name) (address) (phone)

_____
(Business address & phone number)

2. _____
(name) (address) (phone)

_____
(Business address & phone number)

3. _____
(name) (address) (phone)

_____
(Business address & phone number)

4. _____
(name) (address) (phone)

_____
(Business address & phone number)

Are you currently taking any prescription medications: **Yes or No**
If YES, please list your Providers name, address & phone number: _____
_____.

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

APPLICANT'S FULL NAME: _____

Daytime phone number:_____ **Evening 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: _____ DOB: _____
Address: _____ City: _____ State: _____
Firearms License (if applicable _____ Date Issued: _____

Licensing Authority/County of issuance or application: _____

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

    d. I am participating or previously participated as a juror in a criminal proceeding or am or was a member of 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 questions 1.

    (Please check any that apply)

    A _____ B_____ C_____ D_____

4. I have reason to believe that I may be subject to unwanted 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