

OFFICE OF THE ESSEX COUNTY CLERK

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

Chelsea M. Merrihew  
Essex County Clerk

Pam Williams  
Pistol Permit Administrator

INSTRUCTIONS FOR COMPLETING PISTOL PERMIT APPLICATION

*PLEASE READ BEFORE STARTING APPLICATION PROCESS*

1. The applicant must be a resident of ESSEX COUNTY. EFFECTIVE NOVEMBER 1, 2000, NYS LAW STATES THAT APPUCANT 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 duplicate applications, fingerprints instructions, 1 reference sheet, I authorization of release of information and 1 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 Coone. 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.** 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.
5. Two 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 applications. The photographs must be DUPLICATE prints. 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 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 credit card, personal check or cash will be acceptable. You will receive a call to pick up your permit in person. PROCESSING OF APPLICATIONS TAKES EIOHT MONTHS to a YEAR.
10. When your application is fully completed, you may return it to this office in person or by mail. 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**

## 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.uenroll.identogo.com](http://www.uenroll.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 listing.

**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 \$102.50. You will need to bring a Credit Card, check or money order for \$102.50 payable to IDEMIA.

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 for 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.

# 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**

**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 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 Applying 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: \_\_\_\_\_

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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 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 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:

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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