



# Office of the Sheriff

Pistol Permit Division 3 N. Erie St POBox 128 Mayville NY 14757-1028



## APPLICATION:

- Complete an approved Pistol Safety Course (for carry conceal permit only)
- Complete entire application packet
- Use black ink or complete application on-line and print
- References:
  - ✓ Cannot be relatives of applicant
  - ✓ Cannot be Sheriff's Office Employee
  - ✓ Must fully answer all the questions on "Reference Questionnaire"
  - ✓ **Must sign 2 documents: Reference Questionnaire & PPB-3 (NY State Application)**
- Use a separate piece of paper if you need space on the application to respond to questions
- Applicants must schedule fingerprints through IdentoGO.  
(Link can be found on (<https://www.sheriff.us/pistol-permit>))
- Applicants must bring photo ID to fingerprint appointment.
- NYS application must be signed in front of the Pistol Permit Clerk.

Chautauqua Co. Sheriff's Office  
Pistol Permit Division  
P.O. Box 128  
Mayville NY 14757

Office Hours:  
Mon – Thurs  
8:30am – Noon  
1pm – 4pm

**Once these steps are completed, submit the entire application to the Pistol Permit Office by mail or drop box (in front of Gerace Office Building). WE WILL CONTACT YOU by MAIL or PHONE TO MAKE IN PERSON APPOINTMENT.**

## PISTOL INSTRUCTION COURSE:

- You must have instruction in the safe handling of pistols
- Firearms Instructor must be duly authorized as defined by NYS Penal Law
- Certificate must be turned in with the application
- Certificate expires after one (1) year

## FEES

\$102 IdentoGO fingerprint fee & mandated NYS/FBI background check

-----  
\$30 County Licensing fee

**CRIMINAL HISTORY GUIDELINES:** It is critical for all applicants to be completely truthful and forthcoming regarding their criminal history. The following will assist you in properly completing the criminal history portion of the application & what you must declare. As an applicant for a NYS Pistol Permit within Chautauqua County, you are required to submit any & all arrests, charges, summonses or indictments that you have been involved with. List even minor offenses: ( bad checks, disorderly conduct, harassment, possession of marijuana & local laws). To obtain your own criminal history, contact the NYS Division of Criminal Justice Service (518) 485-7675 (\$50 fee by NYS for this service). This report may assist you in accurately completing the application. When in doubt, write it down! You are encouraged to contact the Pistol Permit office with ANY questions regarding criminal history.

### **! YOU MUST LIST ANY & ALL ARRESTS WHERE: !**

- |                                           |                                                                 |
|-------------------------------------------|-----------------------------------------------------------------|
| ✓ Charges were sealed by the court        | ✓ You were charged w/ Driving While Intoxicated or DWI Drugs    |
| ✓ Charges were dismissed by the court     | ✓ You were given a summons to appear in court                   |
| ✓ You were given youthful offender status | ✓ You were required to make bail on a charge/incident           |
| ✓ You were given a conditional discharge  | ✓ You have been given an appearance ticket to appear in court   |
| ✓ You were placed on probation            | ✓ You were taken into physical custody by law enforcement       |
| ✓ You were taken before a judge           | ✓ You have been taken into custody on warrant                   |
|                                           | ✓ You were photographed & fingerprinted as a result of incident |

The previous application guidelines have been explained to above. I understand that failure to disclose all required information may result in my application being denied.

Applicant's Signature

Date

**FOR OFFICE USE ONLY:** Licensing Officer Interview [ ]

LERMS Checked [ ] CLEAR Checked [ ]

## 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

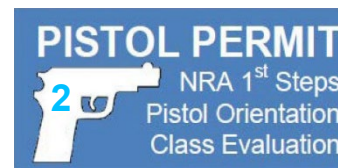
**Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.**

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



# Office of the Sheriff

Pistol Permit Division 3 N. Erie St POBox 128 Mayville NY 14757-1028



The below information will be kept confidential and NOT shared with the course instructor. Help us improve this program by answering the questions below as sincerely as possible.

Applicants Last Name		First Name		MI	DOB
Address		City		State	Zip
Date of Class	Location of Class		Instructor		
How Many Hours was Class?	What Type of Gun Did You Fire? <input type="checkbox"/> <b>Revolver</b> <input type="checkbox"/> <b>Semi-Auto</b> <input type="checkbox"/> <b>Did Not Shoot</b>		How Many Rounds Were Fired?		
Was the firing portion done safely? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>		Did the instructor properly prepare you to handle a pistol? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
Were you given handout materials? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>		Were you given a written exam? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
Did the instructor discuss the following topics?					
Safe firearm storage		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
Situational awareness		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
De-escalation tactics		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
Effect of drugs and alcohol use		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
Sensitive locations		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
Conflict management		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
Deadly physical force		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
Suicide prevention		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
Process to keep firearm registrations up to date		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
Best practices when encountering law enforcement		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
Would you recommend this instructor to others?		<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>		
What recommendations could make this course better?					
Rate your instructor					
<input type="checkbox"/> <b>POOR</b>		<input type="checkbox"/> <b>AVERAGE</b>		<input type="checkbox"/> <b>ABOVE AVERAGE</b>	
				<input type="checkbox"/> <b>EXCELLENT</b>	
I hereby affirm that these statements of fact are true.		Signature		Date of Class	



# Office of the Sheriff

Pistol Permit Division 3 N. Erie St POBox 128 Mayville NY 14757-1028



Applicant's Last Name		First Name		MI	DOB
<p>Thank you for assisting us in maintaining public safety; please answer the following questions as honestly as possible which will aid us in performing thorough character / background checks. We realize that it is sometimes difficult to refuse to have your name used as a reference. Your reply to this letter will be held in the strictest confidence, as permitted by law.</p> <ul style="list-style-type: none"> <li>Complete entire questionnaire</li> <li>You may use the back of the form to make any additional comments</li> </ul>					
Reference's Last Name (Print)		First	MI	Date of Birth	Phone
Reference Address		City	State	Zip	Email
Have you ever been convicted of a crime? If yes, give details <input type="checkbox"/> Yes <input type="checkbox"/> No					
Your occupation? (If retired, state prior occupation)					
How long have you known applicant?		What's your relationship with applicant?		Are you related by blood or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often/under what circumstances do you have contact with applicant?			By what other names is applicant known?		
Is applicant of excellent moral character? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the applicant had any history of social or family problems? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are there any reasons that would make you hesitate to recommend the applicant as a person to possess a pistol? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has applicant indicated they might have a Mental Health problem? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has applicant ever displayed a violent temper? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is applicant's reason for wishing to possess a pistol license?					
Without reservation, would you recommend the applicant as the type of person to possess a pistol? (If no explain) <input type="checkbox"/> Yes <input type="checkbox"/> No					
You may be contacted by a law enforcement officer to verify aforementioned information. False statements made in the foregoing instruments are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS penal law.					
Accordingly and with notice of the foregoing, I hereby affirm that the foregoing statements of fact are true, under penalty of perjury.			Reference's Signature		Date
If, at any time you have concerns about the applicant's ability to possess a pistol permit, please contact our office at: 716-753-4374 or <a href="mailto:pistolpermit@sheriff.us">pistolpermit@sheriff.us</a>					



# Office of the Sheriff

Pistol Permit Division 3 N. Erie St POBox 128 Mayville NY 14757-1028



Applicant's Last Name		First Name		MI	DOB
<p>Thank you for assisting us in maintaining public safety; please answer the following questions as honestly as possible which will aid us in performing thorough character / background checks. We realize that it is sometimes difficult to refuse to have your name used as a reference. Your reply to this letter will be held in the strictest confidence, as permitted by law.</p> <ul style="list-style-type: none"> <li>Complete entire questionnaire</li> <li>You may use the back of the form to make any additional comments</li> </ul>					
Reference's Last Name (Print)		First	MI	Date of Birth	Phone
Reference Address		City	State	Zip	Email
<p>Have you ever been convicted of a crime? If yes, give details  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>Your occupation? (If retired, state prior occupation)</p>					
How long have you known applicant?		What's your relationship with applicant?		Are you related by blood or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often/under what circumstances do you have contact with applicant?			By what other names is applicant known?		
Is applicant of excellent moral character? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the applicant had any history of social or family problems? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<p>Are there any reasons that would make you hesitate to recommend the applicant as a person to possess a pistol?          (If yes, explain)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>Has applicant indicated they might have a Mental Health problem?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>Has applicant ever displayed a violent temper?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>What is applicant's reason for wishing to possess a pistol license?</p>					
<p>Without reservation, would you recommend the applicant as the type of person to possess a pistol? (If no explain)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>You may be contacted by a law enforcement officer to verify aforementioned information. False statements made in the foregoing instruments are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS penal law.</p>					
<p>Accordingly and with notice of the foregoing, I hereby affirm that the foregoing statements of fact are true, under penalty of perjury.</p>			Reference's Signature		Date
<p>If, at any time you have concerns about the applicant's ability to possess a pistol permit, please contact our office at:          716-753-4374 or <a href="mailto:pistolpermit@sheriff.us">pistolpermit@sheriff.us</a></p>					



# Office of the Sheriff

Pistol Permit Division 3 N. Erie St POBox 128 Mayville NY 14757-1028



Applicant's Last Name		First Name		MI	DOB
<p>Thank you for assisting us in maintaining public safety; please answer the following questions as honestly as possible which will aid us in performing thorough character / background checks. We realize that it is sometimes difficult to refuse to have your name used as a reference. Your reply to this letter will be held in the strictest confidence, as permitted by law.</p> <ul style="list-style-type: none"> <li>Complete entire questionnaire</li> <li>You may use the back of the form to make any additional comments</li> </ul>					
Reference's Last Name (Print)	First	MI	Date of Birth	Phone	
Reference Address	City	State	Zip	Email	
Have you ever been convicted of a crime? If yes, give details <input type="checkbox"/> Yes <input type="checkbox"/> No					
Your occupation? (If retired, state prior occupation)					
How long have you known applicant?	What's your relationship with applicant?	Are you related by blood or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How often/under what circumstances do you have contact with applicant?			By what other names is applicant known?		
Is applicant of excellent moral character? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the applicant had any history of social or family problems? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are there any reasons that would make you hesitate to recommend the applicant as a person to possess a pistol? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has applicant indicated they might have a Mental Health problem? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has applicant ever displayed a violent temper? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is applicant's reason for wishing to possess a pistol license?					
Without reservation, would you recommend the applicant as the type of person to possess a pistol? (If no explain) <input type="checkbox"/> Yes <input type="checkbox"/> No					
<p style="background-color: red; color: white; text-align: center;">You may be contacted by a law enforcement officer to verify aforementioned information. False statements made in the foregoing instruments are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS penal law.</p>					
Accordingly and with notice of the foregoing, I hereby affirm that the foregoing statements of fact are true, under penalty of perjury.		Reference's Signature		Date	
If, at any time you have concerns about the applicant's ability to possess a pistol permit, please contact our office at: 716-753-4374 or <a href="mailto:pistolpermit@sheriff.us">pistolpermit@sheriff.us</a>					



# Office of the Sheriff

Pistol Permit Division 3 N. Erie St POBox 128 Mayville NY 14757-1028



Applicant's Last Name		First Name		MI	DOB
<p>Thank you for assisting us in maintaining public safety; please answer the following questions as honestly as possible which will aid us in performing thorough character / background checks. We realize that it is sometimes difficult to refuse to have your name used as a reference. Your reply to this letter will be held in the strictest confidence, as permitted by law.</p> <ul style="list-style-type: none"> <li>Complete entire questionnaire</li> <li>You may use the back of the form to make any additional comments</li> </ul>					
Reference's Last Name (Print)	First	MI	Date of Birth	Phone	
Reference Address	City	State	Zip	Email	
Have you ever been convicted of a crime? If yes, give details <input type="checkbox"/> Yes <input type="checkbox"/> No					
Your occupation? (If retired, state prior occupation)					
How long have you known applicant?	What's your relationship with applicant?	Are you related by blood or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How often/under what circumstances do you have contact with applicant?			By what other names is applicant known?		
Is applicant of excellent moral character? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the applicant had any history of social or family problems? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are there any reasons that would make you hesitate to recommend the applicant as a person to possess a pistol? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has applicant indicated they might have a Mental Health problem? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has applicant ever displayed a violent temper? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is applicant's reason for wishing to possess a pistol license?  					
Without reservation, would you recommend the applicant as the type of person to possess a pistol? (If no explain) <input type="checkbox"/> Yes <input type="checkbox"/> No					
You may be contacted by a law enforcement officer to verify aforementioned information. False statements made in the foregoing instruments are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS penal law.					
Accordingly and with notice of the foregoing, I hereby affirm that the foregoing statements of fact are true, under penalty of perjury.		Reference's Signature		Date	
<b>If, at any time you have concerns about the applicant's ability to possess a pistol permit, please contact our office at: 716-753-4374 or <a href="mailto:pistolpermit@sheriff.us">pistolpermit@sheriff.us</a></b>					