



Office of the Sheriff

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

PISTOL PERMIT
APPLICATION
INSTRUCTIONS

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.

Chautauque 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 Chautauque 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	

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:		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 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 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

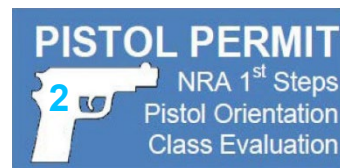
Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.

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



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



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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">• Complete entire questionnaire• You may use the back of the form to make any additional comments					
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 pistolpermit@sheriff.us					



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