



# Office of the Sheriff

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



## APPLICATION:

- Complete **entire** application packet
- Use a separate piece of paper if you need space on the application to respond to questions
- Use black ink or complete application on-line and print
- When completing NY State Application (form PPB-3), start with the blocks asking for LAST NAME
- Only put one letter or number in any individual box →
- 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)**

### Reference Questionnaire:

- ✓ Must be notarized
- ✓ Do not collect the questionnaire from the references
- ✓ References must mail questionnaire directly to →

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

- 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.
- Application must be signed in front of & notarized by Pistol Permit Clerk
- **Applicants Must Call 716-753-4374 To Set Up An Appointment To Submit Application.**



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

## PISTOL INSTRUCTION CLASS:



- You must have instruction in the safe handling of pistols
- Firearms Instructor must be certified & County approved
- Certificate must be turned in with the application
- Certificate expires after one (1) year

## FEES

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



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\$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 me by the pistol permit clerk. I understand that failure to disclose all required information may result in my application being denied.

Applicant's Signature

Date

SUBSCRIBED AND SWORN TO BEFORE ME

Pistol Permit Clerk

Date

NYSID Number											PPB 3 (Rev. 06/17)	County of Issue		
License Number											<b>STATE OF NEW YORK</b> <b>PISTOL /REVOLVER LICENSE APPLICATION</b>			Code
Date of Issue	Month	Day	Year											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.

Last Name													Suffix			
First Name										MI	Date of Birth – MM DD YYYY			NY Driver's License (or NY Non-Driver ID) No.		
Gender	Social Security			Race	Height ft	in	Weight	Eyes	Hair	Citizen of U.S.A <input type="checkbox"/> YES <input type="checkbox"/> NO						

Physical Address (Street number, street name, apartment number, city, state, zip code)

Mailing Address (If different from physical address)

Primary Phone Number	Secondary Phone Number	Email Address
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Employed By	Present Occupation	Nature of Business
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Business Address (Street number, street name, apartment number, city, state, zip code)

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 number, street name, apartment number, city, state, zip code)
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A license is required for the following reasons:

Give four character references who by their signature attest to your good moral character.

Last, First, MI	Street Address, (Street number, street name, apartment number, city, state, zip code)	Signature

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?  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 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

Are you aware of any good cause for the denial of the license?  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

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 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 before me

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 (Strike out one)

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:

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property Of
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

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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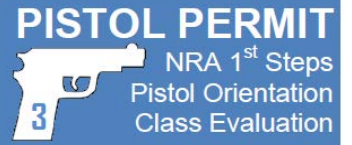
Applicant's Last Name (Print)		First	MI	Date of Birth		Email	
Physical Address (No P.O. Box)			City	State	Zip	How long at present address?	
Maiden name(s) or Alias						Township	
Home Phone		Cell Phone			Work Phone		
Previous Addresses				City	State	Zip	
Previous Employer(s)			Dates of Employment		Reason for Leaving		

References	1	Last Name	First	MI	Phone	
		Street	City	State	Zip	
	2	Last Name	First	MI	Phone	
		Street	City	State	Zip	
	3	Last Name	First	MI	Phone	
		Street	City	State	Zip	
	4	Last Name	First	MI	Phone	
		Street	City	State	Zip	



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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.

Applicant's Last Name		First Name		MI	DOB
Address		City	State	Zip	Email
Date of Class	Class Location			Instructor's Name	
How many hours was class?	What type of weapons did you fire? <input type="checkbox"/> Revolver <input type="checkbox"/> Semi-Auto <input type="checkbox"/> I did not shoot			How many rounds were fired?	
Was the firing portion of the course conducted in a safe manner? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain):					
Did instructor adequately prepare you to safely handle a pistol? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain):					
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			
Would you recommend this instructor or course to friend who is applying for a pistol permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain) :					
What suggestions do you have to make the 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 the foregoing statements of fact are true.			Applicant's Signature		Date



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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"> <li>• Complete entire questionnaire</li> <li>• Your signature must be notarized!</li> <li>• You may use the back of the form to make any additional comments</li> <li>• Mail using pre-addressed envelope (envelope w/ postage provided by applicant)</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>					
Your occupation? (If retired, state prior occupation)		Do you have a Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Issuing County	
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?		
What is the applicant's occupation?		Where is applicant employed?			How long?
Did / do you employ applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Long?	If applicant is no longer employed, why did they leave?		
Are you in a business relationship with applicant? If yes, explain <input type="checkbox"/> Yes <input type="checkbox"/> No				Is applicant a citizen of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has applicant ever displayed a violent temper? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has applicant indicated they might have a mental problem? <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			Is applicant of excellent moral character? <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>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>					
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	
SUBSCRIBED AND SWORN TO BEFORE ME		Notary Public		Date	



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<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
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