

# READ ALL OF THIS

## FAQs Regarding Pistol Permit Application

Q: Where do I start filling out the Application?

A: Start where it says “Last Name.”

Q: Do I check “Carry Concealed” or “Possess on Premises”?

A: You should check “Carry Concealed,” and next to “A License Is Required for the Following Reason:” you should write “Hunting and Target.”

Q: Do my references have to have pistol licenses?

A: No, but they must be New York State residents to whom you are not related. Each reference must be someone who has known you well for at least one year.

Q: I was arrested years ago, but I don’t remember the details. Do I have to list it on the Application?

A: Yes, all arrests, even those that were Sealed or Youthful Offender, must be listed. If you don’t remember the details, contact the Court that adjudicated the arrest. Otherwise, put down as much information as you can. Remember that an undisclosed arrest will result in the denial of your application.

Q: Do I have to attach a photo to the Application?

A: No. Photos and fingerprints will be taken on the date of your appointment to turn in your completed application packet.

Q: Where is the Application supposed to be notarized?

A: The notary fills in the section at the bottom of the Application, starting where it says “JURAT.” The “Officer Administering Oath” is the notary.

Q: The Application instructions say that I have to bring in the original receipt for the handgun that will be on my permit. Do I have to buy a handgun before I apply?

A: Yes, you must buy or put a deposit on a handgun (you will not be able to take possession of the handgun until your permit is issued). The NYS Gundealer will provide you with a receipt that lists all the handgun information. We require the original receipt.

Q: Can I use a Bill of Sale from a private sale instead of a receipt from a Gundealer?

A: Per the NY SAFE Act, as of 03/15/2013, private sales between individuals are permitted only if a NICS check for the buyer is provided. Therefore, such private sales must be conducted through a NYS Gundealer. The only exception is a private sale between “Immediate Family,” defined as spouses, domestic partners, children and step-children. If this exception applies, you may use a Bill of Sale, being sure to state the relationship between the parties. The Bill of Sale must also contain the seller’s name, address, pistol license number, where and when issued, and the handgun information. The seller’s signature must be notarized.

***Office of the Sheriff***  
COUNTY OF SARATOGA  
6010 COUNTY FARM ROAD  
BALLSTON SPA, NEW YORK 12020  
TEL: (518) 885-2467

**PISTOL PERMIT APPLICATION INSTRUCTION SHEET**

**In order to make an appointment to submit your Saratoga County Pistol Permit Application, YOU MUST:**

- Have lived in Saratoga County for at least one year.
- Be 21 years of age or older.
- Have as character references four New York State residents who are not related to you, and with whom you have been well-acquainted for at least one year. Each reference must sign the application.

**Important Note: Choose your references carefully.** If they fail to return the questionnaires that are mailed to them within the allotted time, your application will be terminated for incompleteness. It is your responsibility to make sure that they return the completed questionnaires to our office.

- List any and all arrests on the front of the application.
- Have a receipt from a gundealer showing the handgun that will be on your permit.
- Read and complete all forms, and have the Application and the Departmental Affirmation notarized.

**Checklist for what you must bring with you at the time of your appointment:**      **Check:**

- |  |       |
|--|-------|
| 1. The completed, notarized Application ( <b>PRINT DOUBLE-SIDED</b> ).       | _____ |
| 2. The completed, notarized Departmental Affirmation.                        | _____ |
| 3. The completed Application Questionnaire.                                  | _____ |
| 4. <u>Original</u> receipt for the handgun that will be on your permit.      | _____ |
| 5. Driver's license.   | _____ |
| 6. Utility bill (only if Driver's license does not show current address).    | _____ |
| 7. One self-addressed stamped envelope.                                      | _____ |
| 8. Four stamped envelopes – one addressed to each of your references         | _____ |
| 9. The certificate showing that you have completed the Pistol Safety Course* | _____ |
| 11. \$87.00 <u>Postal Money Order</u> for the fingerprint processing fee.    | _____ |
| 10. \$40.00 cash or check for application/photo/processing fees.             | _____ |

**Call 885-2467 to schedule your appointment to submit your Pistol Permit Application.**

\*You must take the Pistol Safety Course before the date of your application appointment.  
See attached list of Pistol Safety Course Instructors.

**Note: Do not write to or telephone the Issuing Officer. Any information that you wish to convey to the Issuing Officer must be included on the Application Questionnaire.**

**APPLICATION QUESTIONNAIRE**

NAME: \_\_\_\_\_

1. MIDDLE NAME: \_\_\_\_\_

2. STATE WHERE YOU WERE BORN: \_\_\_\_\_

3. RESIDENCE(S) FOR LAST FIVE YEARS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. HOME PH #: \_\_\_\_\_ 5. WORK PH #: \_\_\_\_\_

6. CELL PH #: \_\_\_\_\_ 7. E-MAIL: \_\_\_\_\_

8. HOW LONG AT CURRENT EMPLOYMENT? \_\_\_\_\_

9. HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? (select one)

No. \_\_\_\_\_

Yes. \_\_\_\_\_ If yes, fill in applicable name(s) below:

Maiden name: \_\_\_\_\_

Other Married Name(s): \_\_\_\_\_

Other Name(s) (please explain): \_\_\_\_\_  
\_\_\_\_\_

10. IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ON THE FRONT OF THE APPLICATION FORM, YOU **MUST** PROVIDE A WRITTEN EXPLANATION BELOW. PLEASE ADD EXTRA PAGES IF NECESSARY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: ALL INFORMATION THAT YOU WISH TO CONVEY TO THE ISSUING OFFICER MUST BE INCLUDED ABOVE AND IN ANY EXTRA PAGES. YOU WILL NOT HAVE ANY FURTHER OPPORTUNITY TO SUBMIT INFORMATION TO THE ISSUING OFFICER.

Office Use Only:

PSC Scheduled for \_\_\_\_\_

Verified taken \_\_\_\_\_

**DEPARTMENTAL AFFIRMATION**

I, \_\_\_\_\_, upon submitting an Application for a New York State Pistol License, **understand that any omission of fact or any false statement concerning my criminal history will be cause for IMMEDIATE DENIAL.**

**I understand that I must disclose, as part of my criminal history, all previous arrests including DWI arrests, arrests that never resulted in the filing of a charge, arrests that resulted in a Dismissal or an Adjournment in Contemplation of Dismissal, arrests that have been Sealed, arrests that were adjudicated “Youthful Offender,” and arrests that resulted in a “Certificate of Relief from Disabilities.”**

I understand that any false statements made in my Application are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

I understand that the application fees are non-refundable and that upon denial I must wait a period of three (3) years to reapply. I understand that any denial of my application by the Issuing Officer is a FINAL DETERMINATION and is not subject to reconsideration.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**NOTARY**



For applicants under twenty-one years of age only:

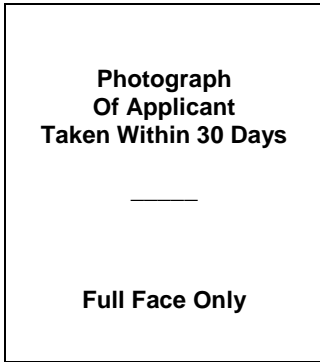
Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?

YES  NO

**A. 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"/> |            |               |             |

**B.**



**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

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.