

JAMES D. BOWEN  
SHERIFF

MICHAEL T. WOODCOCK  
UNDERSHERIFF

*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 Saratoga County residents who are not related to you. Each reference must sign the application.
- List any and all arrests on the front of the application, and submit a letter to the Issuing Officer explaining the circumstances of any and all arrests.
- Have a receipt from a gundealer showing the handgun that will be on your permit (or a notarized Bill of Sale from a seller that lists the seller's name, address, pistol license number, where and when issued, and the handgun information).
- 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 form.                             | _____ |
| 2. The completed, notarized Departmental Affirmation.                     | _____ |
| 3. The completed Application Questionnaire.                               | _____ |
| 4. A letter of explanation for any and all arrests (if applicable).       | _____ |
| 5. Receipt or Bill of Sale for the handgun that will be on your permit.   | _____ |
| 6. Driver's license.  | _____ |
| 7. Utility bill (only if Driver's license does not show current address). | _____ |
| 8. Self-addressed stamped envelope.                                       | _____ |
| 9. \$15.00 cash or check for application and photo fees.                  | _____ |
| 10. \$91.50 Postal Money Order for the fingerprint processing fee.        | _____ |

THE POSTAL MONEY ORDER MUST BE IN THE EXACT  
AMOUNT OF \$91.50.

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

Once you have submitted your application, you must register for the Saratoga County NRA Pistol Safety Course. Information about this course will be provided at your application appointment. Your pistol permit cannot be issued until you complete this course.

APPLICATION QUESTIONNAIRE

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

**IMPORTANT NOTE:** IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ON THE FRONT OF THE APPLICATION FORMS, YOU MUST SUBMIT A WRITTEN EXPLANATION ADDRESSED TO ISSUING OFFICER JUDGE RICHARD A KUPFERMAN, ALONG WITH YOUR APPLICATION.

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

8. 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): \_\_\_\_\_

Office Use Only:

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

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

INSTRUCTIONS: Print or type in black ink only

NYSID NUMBER \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

DATE OF ISSUE MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

PPB-3 (REV. 02/07) STATE OF NEW YORK PISTOL/REVOLVER LICENSE APPLICATION

COUNTY OF ISSUE \_\_\_\_\_ CODE \_\_\_\_\_

EXPIRATION DATE MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ SEX \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_ CITY, VILLAGE, TOWN AND STATE IF OTHER THAN NEW YORK \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HGT (INS) \_\_\_\_\_ WGT (LBS) \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_ RACE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ PRESENT OCCUPATION \_\_\_\_\_ CITIZEN OF U.S.A.  YES  NO

EMPLOYED BY \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

I HEREBY APPLY FOR A PISTOL/REVOLVER LICENSE TO: (Check one only)  CARRY CONCEALED  \* POSSESS ON PREMISES  
 \* POSSESS/CARRY DURING EMPLOYMENT (\* Premise address or place of employment must be provided)

STREET ADDRESS OR OTHER LOCATION \_\_\_\_\_ CITY, VILLAGE, TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 A LICENSE IS REQUIRED FOR THE FOLLOWING REASON: \_\_\_\_\_

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	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:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE?  YES  NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE?  YES  NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS?  YES  NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED?  YES  NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN?  YES  NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT?  YES  NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE: \_\_\_\_\_

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

\_\_\_\_\_

FULL FACE ONLY

ANY OMISSION OF FACT OR ANY FALSE STATEMENT 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:

- NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS VALID IN THE CITY OF NEW YORK.
- 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.
- 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.
- 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

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

APPLICATION NOT VALID UNLESS SWORN



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, 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 one (1) year to reapply.

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this

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

\_\_\_\_\_  
NOTARY