

***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 form.                                    | _____ |
| 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. Copy of your NYS Driver's license (or NYS Non-Driver's ID).                   | _____ |
| 6. Copy of Utility bill - only if Driver's license does not show current address | _____ |
| 8. Four stamped envelopes – one addressed to each of your references             | _____ |
| 9. The certificate showing that you have completed the Pistol Safety Course*     | _____ |
| 10. \$ 40.00 cash or check for application/photo/processing fees.                | _____ |

**Call 885-2467 to schedule your appointment to submit your Pistol Permit Application.**  
**Upon submission of all items on the checklist, you will be given information regarding fingerprinting procedures.**  
**All fees are non-refundable.**

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

**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 \_\_\_\_\_ In-House Check: Nothing adverse \_\_\_\_\_

See attached \_\_\_\_\_

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**

## FAQs Regarding Pistol Permit Application

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 Gun dealer will provide you with a receipt that lists all the handgun information. We require the original receipt.

Q: Where do I start filling out the Application?

A: Start where it says "Last Name." Complete the rest of the first page of the Application.

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 reasons:" 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: What parts of the second page of the Application need to be filled out?

A: Answer the question at the top of the second page only if applicable. Upon notarizing your signature, the notary fills out the area under that, starting where it says "Jurat" (the "Officer Administering Oath" is the notary). Skip to the bottom of the page and enter the pistol/revolver information from your gun receipt into this section.

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

A: No. We will take your photograph upon the issuance of your pistol permit.

## **List of Saratoga County Basic Pistol Safety Course Instructors**

Please choose from one of the following:

**Instructor: Mike Zullo**

Address: 50 West High Street, Ballston Spa, NY 12020

Telephone: (518) 664-2581

**Instructor: Gerard Moser**

Address: Sara Spa Rod & Gun Club, 153 Porter Corners Road, Porter Corners, NY 12859

Telephone: (518) 309-2231

Website: <http://www.ddynamicsllc.com/>

**Instructor: Leo Nicotera**

Address: Exit 10 – 313 Ushers Road, Clifton Park/2570 Route 9, Malta

Telephone: (518) 225-6600

Website: [www.SaratogaPistolPermit.com](http://www.SaratogaPistolPermit.com)

**Instructor: Kevin Harkins**

Address: Kayaderosseras Fish & Game Club, 706 Geyser Road, Ballston Spa, NY 12020

Telephone: (518) 288-5276

Website: [www.kayaderossfishgame.org](http://www.kayaderossfishgame.org)

**Instructors: Don Favaloro, Tony Dorangrichia, Frank Hill, Rick McGachey**

Address: The Sportsmen's Club of Clifton Park

644 Englemore Road, Clifton Park, NY 12065

Telephone: (518) 368-5977 (Don Favaloro – Program Coordinator)

Website: [www.scocp.org/saratogabasic](http://www.scocp.org/saratogabasic)

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