Office Of The Sheriff
COUNTY OF SARATOGA
6012 COUNTY FARM RD
BALLSTON SPA, NY 12020
518-885-2467/records@saratogacountyny.gov

Saratoga County Pistol Permit Application

In order to make an appointment to submit your Application, YOU MUST:

- 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. **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 application.
- Have a receipt from a gun dealer 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:

1. The completed, notarized Application Form
2. The completed, notarized Departmental Affirmation
3. The completed Application Questionnaire
4. The completed NICS Check Information Sheet
5. The Original receipt for the handgun that will be on your permit
6. Copy of your NYS drivers license or NYS non-driver ID **If you drivers license does not have the current address you will need to obtain an updated one at DMV.*
7. One self-addressed stamped envelope
8. Four stamped envelopes – addressed to each one of your references
9. The certificate showing that you have completed the Pistol Safety Course. **MUST be taken PRIOR to your appointment.
10. $40.00 cash or check for application/photo/processing fees

Call 518-885-2467, or go on our website at www.saratogacountysheriff.org, to schedule your appointment to submit your application.

Upon submission of all items on the checklist, you will be given information regarding the fingerprinting procedures. **All fees are non-refundable.**
FAQs Regarding Pistol Permit Application

Q: The application instructions say that I have to bring in the original gun 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 gun information. We require the original gun 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 my references have to have a pistol permit?
A: No, but they must be NYS residents to whom you are not related. Each reference must be someone who has known you well for at least one year. Unless you are military and then they can be out of state residents (they do have to sign the application).

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 Application need to be filled out?
A: All four pages, starting at “Last Name” on page 1. Upon notarizing your signature, on the fourth page, the notary fills out the area on right, 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 the section.

** We do have notaries on site**

Q: Do I have to attach a photo to the Application?
A: No. We will take your photograph upon submitting your application.

Q: I already changed my driver's license at Motor Vehicle and they told me to write the address on the back of the license. Do I need a new license?
A: Yes. Our Judge requires the license to match the information on the application. When the license is issued it will be rejected by NY State if they do not match.
Firearms Safety Training Courses Offered in Saratoga County

Instructor: Defense Dynamics
https://www.ddynamicsllc.com/class-registration

Instructor: Kayaderosseras Fish & Game Club
Mike Adams 518-526-8911
courses@adkfirearmsafety.com
ADK Firearm Safety, LLC

Instructor: Saratoga Weapons And Training LLC – SWAT
https://www.saratogawapons.com/training

Instructors: The Sportsmen’s Club of Clifton Park
www.scocp.org/NYSPPSC

Instructor: Training House Saratoga 518-225-6600
www.TrainingHouseSaratoga.com
Email: info@SaratogaPistolPermit.com
www.SaratogaPistolPermit.com

Instructor: Mike Zullo 518-664-2581
www.Saratogacountyhandguncourse.com

As the Pistol Safety Course is now standardized, it may be taken anywhere within the State provided it is instructed by a duly authorized instructor who provides the required curriculum.
APPLICATION QUESTIONNAIRE

Name: __________________________________________________________
   Last        First        Middle

City and State you were born in? ______________________________________
Is the address on your NYS Drivers License correct? Y/N
If applicable, have you changed your license with DMV? Y/N
**If you have not changed the address with DMV prior to your permit being issued your application will be rejected.**

Residence(s) for the last five years: ___________________________________
   ________________________________________________________________
   ________________________________________________________________

Home phone #: ______________________ Work Phone #: ______________________

Cell phone #: ______________________ Email: _____________________________

How long at your current employer? ________________________________

Have you ever been known by any other name? Y/N
If applicable name(s) below:
Maiden Name: ______________________________________________________
Previous Married Name(s): ___________________________________________
Other Name(s) with explanation: ______________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

If you answered "YES" to any of the questions on the application form, you MUST provide a written explanation on the bottom of page 3. Extra space provided below. ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Office Use Only: Today's Date: __________________________
Certificate Attached: __________________________
Military ID/DD214: __________________________

12/23
**NEW NICS CHECK INFORMATION SHEET**

**FIRST:**

**MIDDLE:**

**LAST:**

**DOB:**

**GENDER:**

**HGT:**

**WGT:**

**RACE:**

(White, Asian, Unknown, Black/African American, Hispanic/Latino, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander)

**ETHNICITY:**

(Hispanic / Non)

**MILITARY STATUS:**

(Honorably Discharge, Active Duty, Never Joined, Dishonorably Discharged)

**ALIASES:**

**PLACE OF BIRTH:**

(Country, State & City)

**OCCUPATION:**

**NYS DRIVER’S LICENSE #:**

**US CITIZEN (Y/N):**

**SS#:**

**STREET ADDRESS:**

**COUNTY:**

Reside in City Limits (Y/N/UNK):

**EMAIL ADDRESS:**

**PHONE #:**

Revised 12/23
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 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 Of 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.

**Effective April 1, 2023 if an application is denied, applicant will have 90 days from receipt of written notice of denial to request a hearing to appeal the denial to the appeals board.**

________________________________________  ____________________________
Signature of Applicant                       Date

Subscribed and sworn to before me on this

________________ day of ____________________, 20___

________________________________________

NOTARY
Complete the form in its entirety. Fields that are not fillable must be hand written/signed.

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

**THIS SECTION TO BE COMPLETED BY LICENSING OFFICE**

<table>
<thead>
<tr>
<th>NYSID #</th>
<th>License #</th>
<th>County of Issue</th>
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<th>Date of Issue</th>
<th>Expiration Date</th>
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*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**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
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<tr>
<th>Street Name (Physical Address)</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Mailing Address (If Different than Physical)</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Sex:</th>
<th>DOB:</th>
<th>Height: ft in</th>
<th>Weight:</th>
<th>Hair:</th>
<th>Eyes:</th>
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<tr>
<th>Social Security Number:</th>
<th>Ethnicity:</th>
<th>Race:</th>
<th>Citizen of U.S.</th>
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<tr>
<th>NY Driver's License # (or Non-Driver ID)</th>
<th>Primary Phone #</th>
<th>Secondary Phone #</th>
<th>Email Address</th>
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<th>Employed By</th>
<th>Current Occupation</th>
<th>Nature of Business</th>
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<th>Business Address</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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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)**

<table>
<thead>
<tr>
<th>Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)</th>
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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:

<table>
<thead>
<tr>
<th>Last, First, MI</th>
<th>Street Address (Street #, Name, Apartment #, City, State, Zip Code)</th>
<th>Signature</th>
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# 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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Maiden Name (If Applicable)</th>
<th>DOB</th>
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Phone Number

Do minors reside within the residence?  
☐ Yes  ☐ No  If, yes:  
☐ Part Time  ☐ Full Time

**Adults Residing in Home, Including Adult Children**

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<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Maiden Name (If Applicable)</th>
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Phone Number
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)

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If yes, furnish the following information:

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<th>Arrest Date</th>
<th>Police Agency</th>
<th>Charge</th>
<th>Disposition Date</th>
<th>Disposition Court</th>
<th>Disposition</th>
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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.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Pistol/Revolver/ Single Shot</th>
<th>Model</th>
<th>Frame Only</th>
<th>Caliber(s)</th>
<th>Serial Number</th>
<th>Property of</th>
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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.