

MONTGOMERY COUNTY SHERIFF'S OFFICE

JEFFERY T. SMITH
SHERIFF



CARL J. RUST
UNDERSHERIFF

200 CLARK DRIVE, P.O. BOX 432, FULTONVILLE, NEW YORK 12072 ★ (518) 853-5500/(518)853-4096 FAX

Pistol Permit Information Page

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

- Be a resident of Montgomery County and 21 years of age or older
- All paperwork **MUST** be filled out in **BLACK INK ONLY**.
- All papers are single sided EXCEPT for the two applications, which **MUST be double sided or will NOT be accepted by our office.**
- Fill out the **TWO** pistol permit applications (that are double sided), NO COPIES will be accepted. Start filling out the application where it says "Last Name" and DO NOT fill out anything above that.
- List any and all arrests on the application. Have no "**Felony Convictions**" or convicted of any "**Serious Offense**", pursuant to: New York State Penal Law, Article 265.00, Sub Para 17 (a) & (b). Any undisclosed arrest may result in the denial of your application.
- All applicants must successfully take a basic pistol safety class prior to the submission of their application paperwork from one of the pre-approved organizations. These organizations and their contact numbers are within this packet.
- Secure a pistol prior to your appointment. See the attached form showing the ways to obtain a pistol.
- Have two (2) identical photos, 1 ½" by 1 ½" on photo paper, color or black and white with a plain background.
- **Two (2) money orders**: One for \$25.00 made payable to the "Montgomery County Sheriff" and one for \$10.00 made payable to the "Montgomery County Clerk".
- Four (4) references complete their reference forms as well as sign the front of your applications. **You CANNOT use any family member as a reference and they must be a Montgomery County resident.** Your references should mail their reference forms to the Sheriff's office prior to your pistol permit appointment. The Civil office will retain these letters for 6 months, after which they will be destroyed.
- Have your fingerprints done by IdentoGo, see the attached instructions.

Checklist of what you must bring with you at the time of your appointment

2 completed and notarized pistol permit applications

2 money orders (See above)

Certificate showing you took a Pistol Safety Course at an approved location.

Receipt for your prints from IdentoGo

2 photos

All forms within this packet, filled out, signed and dated.

Your NYS Driver's license.

Receipt for your pistol.

Call the Montgomery County Sheriffs Civil Division to schedule your appointment at 518-853-5516.

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September 1, 2022

The Montgomery County Sheriff's Office and Montgomery County Court Judge Felix Catena have worked together with a goal to develop a pistol permit training class that will increase gun safety and gun law knowledge. These things will benefit us all by creating responsible gun owners.

Effective September 1, 2022 every pistol permit applicant within Montgomery County will be required to take a pistol safety class. Completion of this class does NOT guarantee issuance of a pistol permit. These are some of the organizations approved to provide this training;

Defender Training-Canajoharie Forest Fish & Game Club
518-774-9474/518-774-1644 or email-thedefendertraining@gmail.com

The Mayfield Serviceman's Club Pistol Safety Class
518-774-4570

Pine Tree Rifle Club
518-649-7617

Reliance Training Systems-Target Sports
518-852-2514/518-355-8923 or email-Borstcc@aol.com

Northeast Firearms Training, LLC
518-322-2045 or e-mail-northeastfirearmstraining.net

Firearms Training of WNY
716-903-2558 - info@Ftwny.com

Learn to Shoot NY
518-209-1170 - Learntoshootny.com

Concealed Coalition
jludwick@concealedcoalition.com - Concealedcoalition.com

These locations are pre-approved to provide the necessary training in order to complete your pistol permit application process. ALL applicants must take the pistol safety class. This class will require you to show proficiency with the pistol that will be listed on your permit. Your permit application will not be submitted to the judge without a completed certificate showing successful completion of this class.

The Applicant must secure a pistol prior to their appointment to review their pistol permit application. A pistol can be obtained in the following ways:

Procedure to purchase a pistol from a gun dealer:

You will be required to put a down payment on a pistol and obtain a receipt with the gun information. The receipt must include the make, model, serial number and caliber and note whether the weapon is a semi-automatic or revolver before the application can be processed. An origin of weapon form must be completed for each weapon listed.

Procedure to purchase or gift a pistol from relative to relative:

Must be a blood relative or husband and wife. Blood relative includes mother, father, sister, brother and grandparent. The person selling or gifting the pistol must put something in writing stating that they are selling or gifting the pistol to the applicant and include the make, model and serial number of the weapon and sign and date the form. They should also note on the form how they are related. The applicant will need to bring this form with them to their appointment for application review at the Sheriff's Civil Office.

Procedure to purchase or gift a pistol if not related:

If someone is selling or gifting a pistol to someone who is not a blood relative or husband and wife, they must go to a gun dealer to have a search done of the pistol. The gun dealer must provide a receipt to the applicant to bring to their appointment for application review at the Sheriff's Civil Office.

Procedure to be co-owner with someone on their weapon:

Co-owner must be a pistol permit holder in Montgomery County. Co-owners can be husband and wife, father and son, father and daughter, mother and son, mother and daughter, sister and brother or grandparent and grandchild. The owner of the weapon will need to put in writing that they are allowing the applicant to be co-owner of the weapon. They will need to include the make, model, serial number and caliber and note whether the weapon is a semi-automatic or revolver. They must also include this information on the origin of weapon form and include the owner's name, pistol permit number, county and date of issuance of their pistol permit. There can only be 1 co-owner for each weapon.

The applicant cannot take possession of the pistol until their pistol permit application has been approved by the Montgomery County Judge and they have met with the Montgomery County Clerk and received their Pistol Permit.

Instructions for Fingerprinting at an IdentoGo Live Scan Location

- 1) Select the most convenient location to get fingerprinted by logging on to www.Identogo.com. Select NY then click “locations” to view the listing. You may schedule an appointment using the website which is available 24/7/365 or you may call the toll free call center at (877)-472-6915 which is available 9:00 a.m. – 9:00 p.m. Monday through Saturday. The correct “fingerprint reason” to select when you schedule your appointment is pistol license. You will also have to provide the ORI number assigned to Montgomery County, which is **NY0280000**. When you schedule your appointment through IdentoGo we recommend you print the confirmation page and bring it with you to your appointment. There will be a fingerprinting fee.
- 2) You will be provided two receipts indicating your name, fingerprinting site location, date and time, fee paid and reason for fingerprinting. You **must provide one of those receipts to the Montgomery County Sheriff’s Civil Division** and retain the other copy for your records.
- 3) Should either DCJS or the FBI reject a transaction due to image quality reasons, IdentoGo by Morpho Trust USA will contact you and advise you that you must schedule an appointment for reprinting. There is no additional cost that will be charged for reprinting. There will be a small percentage of the population (3-5%) that have difficulties in providing a good set of prints due to the quality of their skin/fingerprint ridges.

****NOTE** Once fingerprints are taken, the pistol permit applicant has up to 6 months to submit their pistol permit paperwork to the Montgomery County Sheriff’s Civil Office for review. If pistol permit paperwork is not submitted for review within the 6 month time-frame, any pistol permit paperwork we have on file will be destroyed and it will be required that the fingerprints be re-done.**

Exception – active military service and deployed. If you are active in the military service and being deployed, you have to advise the Civil Office or your paperwork will be destroyed as per the above guidelines.

Montgomery County Sheriff's Office

200 Clark Drive, Fultonville, NY 12072
(518) 853-5500 fax: (518) 853-4969

RULES AND REGULATIONS CONCERNING PISTOL PERMITS

In consideration of being issued a pistol permit I agree to abide by the following rules and regulations:

1. I will promptly report to the Montgomery County Court, Fonda, New York the following within 10 days:
 - a) Any arrest or indictment, or my being charged with an offense, other than a traffic infraction, anywhere in the United States.
 - b) My being treated by a psychiatrist or psychologist or my being hospitalized or treated for any mental illness.
2. I will promptly report to the Montgomery County Clerk, Fonda, New York the following within 10 days:
 - a) The intent to add or delete a pistol on my permit.
 - b) A change in my legal address.
 - c) A need for a duplicate permit in case my permit becomes damaged or mutilated.
 - d) Loss of any of my firearms or my permit.
3. I am aware that these rules and regulations also apply to firearms added to my pistol permit in the future.
4. I will take all necessary safeguards to keep my firearm away from unauthorized persons, especially children.
5. I will not leave my firearm in an unlocked glove compartment or trunk of a motor vehicle or motorcycle or in any other place where a thief or other unauthorized person may readily obtain it.
6. I will not draw or display my firearm unnecessarily.
7. I will only possess firearms that are endorsed on my license.
8. I will not possess my firearm while impaired or intoxicated, as those terms are defined in the Vehicle and Traffic Law, by alcohol or drugs.
9. I will not carry my firearm, except when going to or from or while hunting or target shooting, unless I have been authorized to do so and authorization is placed either in writing on my pistol permit or carried with my pistol permit. While carrying a firearm, I will always carry my permit and will display it on demand to a police officer. Hunting is defined to include hunting, fishing, camping and hiking when allowed by law.
10. I will not violate any law, either related or unrelated to Penal Law 400.00 (concerning license to carry, possess and dispose of firearms) while holding a pistol permit.
11. I understand that though not specifically set forth on my pistol permit, I am authorized to have and possess my firearms in my dwelling as a householder under Penal Law 400.002(a).
12. I am aware that this permit is **only** valid in the State of New York, but this permit is **not** valid in New York City.

I AM AWARE THAT ANY VIOLATION OF THESE RULES AND REGULATIONS MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY PISTOL PERMIT BY JUDGE CATENA. IN ADDITION, A CONVICTION OF ANY OFFENSE, OTHER THAN A TRAFFIC INFRACTION, MAY HAVE THE SAME RESULT.

SIGN AND DATE

PRINTED NAME

Montgomery County Sheriff's Office



200 Clark Drive, Fultonville, NY 12072
(518) 853-5500 fax: (518) 853-4969

During the course of the Pistol Permit background investigation, applicants will have their fingerprints rolled electronically. Those results (often called a "rap" sheet) are printed in a format depicting dates and locations of all arrests, the charges, the date of the arraignment and the date and disposition from court. This means that if you were arrested and it was dismissed, reduced during a plea arrangement, or Adjourned in Contemplation of Dismissal (ACOD), we will still be able to see it.

Also in this packet is the official application for a New York State Pistol Permit. This form (2 copies) will be completed by the applicant by hand and submitted after all the appropriate signatures are obtained by references and you sign the application in front of a Notary Public – attesting that everything contained in there is true and correct.

Once we receive the entire packet it will be forwarded to be reviewed. We review both the "rap" sheet and your application. Should there be dissimilarities, your application will be scrutinized and you may be required to sit for an interview with an Investigator and/or the Judge.

Simply being arrested will not necessarily bar an applicant from successfully obtaining a NYS Pistol Permit, however, erroneous information on the application can be grounds for:

- Delay in the application processing;
- Denial of the permit completely;
- In some cases could lead to arrest of the applicant for fraudulent information on an official document.

Therefore, it is imperative that all applicants disclose their criminal background when completing the NYS Pistol Permit application. Even if you believe that the charge was reduced, dismissed or sealed, it is possible that it will appear on the "rap" sheet. We do not control how information is stored by NYS DCJS or NCIC, but we react to the obvious discrepancy of information that someone places on the application.

If you have to ask us (or even yourself) if you should report an arrest on the application, you should automatically assume the answer is "yes."

I have read the foregoing and understand its meaning.

Printed Name

Signature

Date

SUPPLEMENT
TO
MONTGOMERY COUNTY PISTOL PERMIT APPLICATION

ALL APPLICANTS ARE REQUIRED TO LIST BELOW THEIR PLACE OF RESIDENCE AND EMPLOYMENT FOR THE TEN (10) YEAR PERIOD PRECEEDING THE DATE OF THIS APPLICATION.

<u>Residence</u>	<u>Year (from-to)</u>	<u>Phone No.</u>

<u>Employer</u>	<u>Year (from-to)</u>	<u>Phone No.</u>

Applicant Signature

Date_____

ORIGIN OF WEAPON

I, _____, do hereby declare that I am obtaining the
weapon described below from:

NAME STREET

CITY STATE (Dealer) (Individual)

Name of Manufacturer _____

Caliber _____ Serial No. _____ Model _____

If the previous owner of the pistol is a holder of a New York State Pistol Permit, please enter name, permit
number and county of issuance:

NAME NUMBER COUNTY

Date of Issuance: _____

List below all Memberships in Rod and Gun Clubs and/or Pistol Teams, etc.:

Signature of Applicant

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: ☐ **an applicant** for a firearms license ☐ **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth _____

Address _____ City _____ State _____

Firearms License # (if applicable) _____ Date Issued _____

Licensing Authority / County of Issuance or Application _____

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows:
(check all that are applicable)

☐ **1. My life or safety may be endangered by disclosure because:**

- ☐ A. I am an active or retired police officer, peace officer, probation officer, parole officer, or correction officer;
- ☐ B. I am a protected person under a currently valid order of protection;
- ☐ C. I am or was a witness in a criminal proceeding involving a criminal charge;
- ☐ D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

☐ **2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below:** *(Must be explained in item 5 below)*

☐ **3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.**

(Please check any that apply)

A____ B____ C____ D____

☐ **4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.**

5. *(Please provide any additional supportive information as necessary)*

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature

Date

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

THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	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.

Personal Information

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

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.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

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

ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
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)

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 / 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.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of

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.

State of New York

Pistol/Revolver License Application

Semi-Automatic Rifle License Application

THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	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.

Personal Information

Last Name		First Name		Middle Name		Suffix	
Street Name (Physical Address)				Apt #	City		State Zip
Mailing Address (If Different than Physical)				Apt #	City		State Zip
Sex:	DOB:	Height: ft in	Weight:	Hair:	Eyes:		
Social Security Number:		Ethnicity:		Race:		Citizen of U.S.	
NY Driver's License # (or Non-Driver ID)		Primary Phone #		Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business			
Business Address				Apt #	City		State Zip
I hereby apply for a Pistol/Revolver License to: (Check only one) <input type="checkbox"/> Carry Concealed <input type="checkbox"/> *Possess on Premises <input type="checkbox"/> *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 #, Street Name, Apartment Number, City, State, Zip Code)					
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Give four character references who by their signature attest to your good moral character:							
Last, First, MI		Street Address (Street #, Name, Apartment #, City, State, Zip Code)				Signature	

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.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

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

ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
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)

☐

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 / 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?

☐

Yes

☐

No

**THIS QUESTION ONLY APPLIES TO CARRY CONCEALED*

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.**

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.

Dear Sir or Madam,

The following individual has applied for a pistol permit or firearms dealer's license in Montgomery County and has listed you as a character reference. Would you please take the time to fill out this questionnaire so that it can be included with the other information regarding this individual? When completed, please return it to us and be assured that all the responses are held in the strictest confidence. If more room is required for additional comments, please feel free to use the reverse side of this form.

Please print name, address and phone number
of reference: _____

Home phone # _____
Cell phone # _____

Name of applicant _____

Return to:
Montgomery County Sheriff
Civil Division
PO Box 432
Fultonville, NY 12072

Date of Birth: _____

1) How long have you known the applicant? _____

2) What is the nature of your relationship? (Friend, neighbor, employee etc) _____

3) Do you consider the applicant a responsible person? Yes _____ No _____

4) Has the applicant ever become violent, or acted in a manner that is harmful to himself or to others? Yes _____ No _____ If yes, please explain _____

5) Have you ever known the applicant to have a drinking or substance abuse problem? Yes _____ No _____ If yes, please explain _____

6) Is there a reason you feel the applicant should not be granted a permit? Yes _____ No _____ If yes, please explain _____

7) Would you recommend the applicant be issued a permit to carry a handgun? Yes _____ No _____

8) Do you reside in Montgomery County? Yes _____ No _____ If yes, how long _____
If no, what county do you reside in? _____ How long _____

9) What is your current occupation? _____

10) How long have you been employed with your present employer? _____

Signature

Sworn to before me, this _____
Day of _____, 20 _____

Notary Public – State of New York

NOTICE

Offering a false instrument for filing is punishable as a Class "A" Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Dear Sir or Madam,

The following individual has applied for a pistol permit or firearms dealer's license in Montgomery County and has listed you as a character reference. Would you please take the time to fill out this questionnaire so that it can be included with the other information regarding this individual? When completed, please return it to us and be assured that all the responses are held in the strictest confidence. If more room is required for additional comments, please feel free to use the reverse side of this form.

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