

## INSTRUCTIONS FOR PISTOL PERMIT APPLICATION

(Please read all instructions carefully before completing application)

1. Applicants must be at least 21 years old and reside in Niagara County.
2. You are required to complete a Handgun Safety Training Course conducted by a NRA certified Instructor or other approved Instructor prior to submitting your application for processing. Your ORIGINAL signed Certificate must be presented at application time.
3. **All three applications must be printed or typed in BLACK INK. All three applications must be originals. BEGIN AT LAST NAME - Please do not write anything above "last name".**  
Be sure to indicate your reasons for wanting a pistol permit.
4. You must provide (4) Character References known personally to you, who will attest to your good moral character. ALL REFERENCES MUST RESIDE IN NIAGARA COUNTY, AND SHOULD NOT BE RELATED TO YOU OR TO EACH OTHER. Boyfriend/Girlfriends are also not accepted. Character references must personally sign the applications. Be sure the separate Character Reference sheet includes the reference's correct mailing address as well. If you reside in one of the three Cities (Lockport, Niagara Falls or North Tonawanda), two of your four references must also reside in your City. **IF YOU ARE ACTIVE MILITARY, YOUR COMMANDING OFFICER MUST SIGN AS ONE OF YOUR REFERENCES, EVEN IF YOUR C/O DOES NOT LIVE IN NIAGARA COUNTY.**
5. If ARRESTS are listed, you must provide an **original Court Disposition** for each arrest. **(You must contact the Court where your case was heard to obtain a Court Disposition).** **\*\*You must also write an incident letter describing in detail, in your own words, the circumstances surrounding the arrest.**
6. Applicant's signature must be notarized on all three applications. \*The Pistol Permit Office has Notaries available and there is no charge for this service. \*(If the Pistol Permit Office is notarizing your signature, **DO NOT** sign the applications until you are in the presence of the Notary).
7. **PHOTOS: Two (2) photos if you live in one of the towns, Three (3) if you live in one of the three cities,** size 2"x2" on archival paper (passport quality photos can be used if the size of the head area is no bigger than 1" from top of hair to bottom of chin). For your convenience, photo services are available for a fee from this office, and can be taken when you turn in your application for processing.
8. **The fingerprinting process will be explained to you when you submit your completed application.**

### ***BE SURE TO HAVE THE FOLLOWING WITH YOU AT THAT TIME:***

- All three (3) ORIGINAL applications (Niagara County **NEEDS ALL 3 completed applications**)
- Acknowledgement Form (read and sign)
- PP 11/97 Form ('To All Pistol Permit Applicants')-(read, complete and sign)
- Your ORIGINAL Handgun Safety Training Certificate
- Your NYS Driver's License – **for Notary and/or Proof of Address**
- **Application Fee = \$10.00** - Office accepts Cash, Personal Check, MasterCard or Discover - **NO VISA** (Personal Check payable to: N.C. Pistol Permits)

### **BRING COMPLETED APPLICATION PACKAGE IN PERSON TO: PISTOL PERMIT OFFICE, COURTHOUSE, 175 HAWLEY STREET (CORNER OF PARK & HAWLEY) LOCKPORT 14094.**

Since this office handles many transactions annually, we appreciate your patience and understanding during the application process.

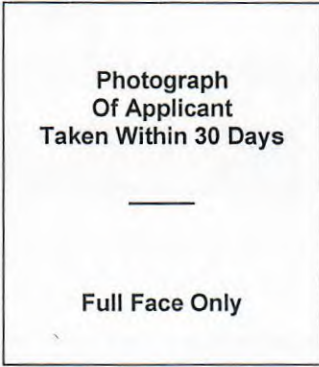
*SO WE MAY BETTER SERVE YOU, PLEASE DON'T HESITATE TO CALL THE OFFICE AT  
439-7184 IF YOU HAVE QUESTIONS PRIOR TO TURNING IN YOUR APPLICATION FOR  
PROCESSING.*



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



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:

Table with 7 columns: Manufacturer, Pistol / Revolver / Single Shot, Model, Frame Only, Caliber(s), Serial Number, Property Of. It contains four rows for recording firearm information.

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.



NYSID Number		PPB 3 (Rev. 06/17)		County of Issue			
License Number		STATE OF NEW YORK PISTOL /REVOLVER LICENSE APPLICATION			Code		
Date of Issue					Month	Day	Year
		Expiration Date			Month	Day	Year

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:

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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.



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

*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			
Employed By			Present Occupation				Nature of Business				
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:

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**TO ALL PISTOL PERMIT APPLICANTS**

You must read the following information and sign at the bottom of this page.

**“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.”**

**ARRESTS...**

If you have ever been arrested, indicted or convicted anywhere for any offense (except traffic infractions) you **must** reveal this information on your application, regardless of the disposition of that charge. List **ALL** arrests. If necessary, add an attached sheet listing any arrests that do not fit in the space provided on the application.

If you are arrested or convicted for any offense after you submit your application, you must immediately disclose this information to the Court and Pistol Clerk. If you fail to do so, your application may be denied or subsequently revoked.

I acknowledge that my obligation to disclose any arrest expressly includes any arrests or convictions for Driving While Intoxicated or Driving While Impaired. All arrests must be reported regardless of the disposition, including Youthful Offender, Dismissed and Sealed, and ACD's.

If you have ever been arrested you must furnish a certified copy of a disposition.

**MENTAL HEALTH MATTERS...**

You are also required to reveal whether you have ever been treated or consulted with any psychiatrist or psychologist, or been evaluated at any hospital or other medical facility, for any mental health or psychiatric issues.

Have you ever been so treated or evaluated?

NO \_\_\_\_\_.

YES \_\_\_\_\_. Please give the dates, doctors and hospitals involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

Neglecting to include and truthfully disclose any and all of the above information (regarding prior arrests and mental health contacts) is grounds for rejection of your application and you may be charged with a misdemeanor punishable by fine or imprisonment or both

I have read and understand the above information.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Tel (home): \_\_\_\_\_

(work) : \_\_\_\_\_



**ACKNOWLEDGEMENT**

1. To have and maintain a legal Niagara County Pistol Permit your current address must be on your permit.  
**IF YOU CHANGE YOUR ADDRESS YOU MUST NOTIFY THE PISTOL PERMIT OFFICE OF THE NEW ADDRESS AND PHONE NUMBER WITHIN TEN DAYS.**
2. "Carry Firearm Concealed Pistol Permit" means your pistols must be concealed and must be in your possession or in a secured (*i.e., locked*) storage area. Under no circumstances should pistols be left in locations where they may be easily lost or stolen. [NOTE: motor vehicles are notoriously insecure places to store weapons. Permit holders are forewarned.]
3. Any owner of a firearm who suffers the loss or theft of said firearm shall report the same within ***twenty-four hours*** of the discovery of the loss or theft to the police ***and*** to the Pistol Permit Office.
4. All pistols in your possession must be registered on your Pistol Permit.
5. **You may not** legally lend your pistol(s) to another person unless the person has that pistol registered on their permit.
6. **You may not** carry a handgun into a bar even if you are not drinking. You may not drink alcohol at any location while in possession of a firearm.
7. **You may not** carry your handgun on any type of school property.
8. **You may not** buy a gun in another state and bring it into New York and license it. The only way handguns are brought into New York is through a New York State Gun Dealer.
9. Antiques/ black powder pistols are exempt from licensing, but only if they are unloaded. Anyone possessing such a firearm together with ammunition for said firearm must register it on a valid pistol license.
10. If you purchase a handgun, the handgun **MUST** be registered on the back of your NYS Pistol Permit ***prior*** to taking possession of said handgun.
11. **Any sale of a handgun must be reported to the Pistol Permit Office within 10 business days.** You cannot sell a handgun to other than an immediate family member (spouse, child, sibling) without using a licensed gun dealer.
12. If you are ever the subject of an order of protection issued in a case involving domestic violence or are convicted of a misdemeanor offense involving same, it may be unlawful for you to possess or purchase a firearm including a handgun or a long gun, or ammunition, pursuant to Federal Law pursuant to Section 18 USC 922(g)(8), and your pistol permit may be revoked.

Feel free to contact the pistol permit office at 439-7184 when specific situations arise, or you have any questions.

**I have read and understand the above listed information.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**CHARACTER REFERENCES**

**NOTE: ALL REFERENCES MUST RESIDE IN NIAGARA COUNTY  
(if you reside in NT/NF/LP 2 of the 4 references must reside in that City)**

Character References may not be related to you or each other.  
Character References must reside outside your household and  
may not reside in the same residence as any of your other references.  
No distant relatives or in-laws. Boyfriend/Girlfriends are also not accepted.  
It is recommended that your character references be individuals  
that have known you for a time period of 4+ years

**Please Print**

**APPLICANT'S NAME:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

-----  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

-----  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

-----  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

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NOTICE TO APPLICANTS: Please Print. Your character references will be investigated for a past criminal history. A  
character reference with an arrest record could be unacceptable and delay your application.  
References Rev: 2/15



## Public Records Exemption - FOIL Form FAQ and Directions

The NYSAFE Act protects the privacy of pistol license holders by permitting them to notify their County Clerk that they do not wish for their information to be released publicly.

Under the law, current licensees and new applicants may make this notification to the Niagara County Clerk using the form approved by the Superintendent of the New York State Police.

### Q: Where do I get the FOIL form?

A: The forms will be available through the Niagara County Clerk's office, either on paper or online. You may pick them up at the following addresses:

Niagara County Clerk  
175 Hawley Street  
Lockport, NY 14094

ALL NIAGARA COUNTY DMV LOCATIONS:  
111 Main Street, Lockport... 500 Wheatfield Street, North Tonawanda  
1001 11<sup>th</sup> Street, Niagara Falls

You may also download the form at the following link:

[http://www.niagaracounty.com/Departments/FireArms\\_Public\\_Record\\_exemption.aspx](http://www.niagaracounty.com/Departments/FireArms_Public_Record_exemption.aspx)

The form is also available on the New York State Police website at [www.troopers.ny.gov/optoutfoil](http://www.troopers.ny.gov/optoutfoil) or the NY SAFE Act website at [www.nysafeact.com](http://www.nysafeact.com).

### Q: How do I complete the form?

A: In the first section, you will need to fill out your name, date of birth, address and the county in which you are applying.

If you hold a firearms license, there is a space for you to provide the license number as well.

In the second section, check the box that best describes the reason your information should not be publicly disclosed.

To complete the form, sign and date it. **MAKE SURE YOUR NAME AND ADDRESS ARE LEGIBLE.**

### Q: Once I've completed the form, how do I submit it?

A: To submit your form by mail: Niagara County Clerk, PO Box 461, Lockport, NY 14095-0461

To submit your form in person: Niagara County Clerk, 175 Hawley Street, Lockport, NY

To submit your form by fax: 716-439-7035

### Q: Once the form is completed, how long does it take to become effective?

A: Pistol permit information held by the county is currently exempt from FOIL and will be until May 15, 2013. At that time, those who have submitted the form will remain exempt from the FOIL provisions unless the licensing authority has refused to grant the exemption. Those wishing to apply for the exemption should do so by May 15, 2013, to avoid any disclosure.

### Q: If I do not file the form by May 15, 2013, will I be able to file in the future?

A: You may file the form anytime. However, after May 15, 2013, if you have not yet filed an exemption form, your information may be subject to release under FOIL.

If you file a form in the future and your request is granted, your information will once again be exempt from FOIL.

Download the [NYS Firearms License Request for Public Records Exemption](#) 



# 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 \_\_\_\_\_

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**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 corrections 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



## ADDITIONAL INFORMATION

### WHAT DOES ARREST MEAN?

Your pistol permit application specifically states: “Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?”

You **must** state all arrests *regardless of whether or not you were convicted*. Sealed charges must also be listed.

#### **Arrest means:**

- You were given an appearance ticket by a police officer to appear before a judge for anything from a town/village ordinance on up to a felony.
- You were handcuffed and taken to jail.
- You were fingerprinted and photographed for a criminal matter of DWI by law enforcement.
- A warrant for an arrest was issued for you and you either were directed to turn yourself into law enforcement or appear before a judge.
- You were directed by law enforcement to appear before a judge.

Any omission of fact or any false statement will be sufficient cause to deny the application and constitutes a crime punishable by fine, imprisonment or both.

If you appeared in court, you must provide an official disposition from the court(s) with your application. You must also write an incident letter describing in detail the circumstances surrounding the arrest. A separate letter must be provided for each incident.

Even if the court no longer has record of the outcome of your case(s) because it is a very old case(s) or they have destroyed the record, or your case(s) were sealed; you still have a criminal record and all NYS law enforcement agencies have full access to this information, even if it was an out-of-state arrest.

The term “sealed record” means that at the time of your last court appearance, it was the judge’s decision to seal the case so only authorized persons can view the outcome. Most courts and law enforcement agencies will not give you this information. It will appear as “no record” when you request a criminal record check at a law enforcement agency or request dispositions from the courts. This does not mean that you were not arrested or that you don’t have a criminal record.

You must state all arrests even if you do not recall the dates or dispositions – even if there are multiple arrests over several years. If you appeared before a judge, you must state so.

**REMEMBER – IF YOU DO NOT STATE ALL ARRESTS ON YOUR APPLICATION, YOUR APPLICATION MAY BE TERMINATED FROM FURTHER PROCESSING.**

APPLICATION FEES ARE NOT REFUNDABLE