



Office of the
SARATOGA COUNTY SHERIFF

Jeffrey R. Brown, Sheriff

6012 County Farm Road, Ballston Spa, 12020 518-885-6761

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.gov,
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 handgun 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 drivers 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

The following are provided solely as a public information service. Listing herein does not imply endorsement of any person or organization. The pistol safety course is valid for two years in Saratoga County.

DEFENSE DYNAMICS

<https://www.ddynamicsllc.com>

KAYADEROSSERAS FISH & GAME CLUB

<https://kayaderossfishgame.org>

Email: courses@adkfirearmsafety.com

Mike Adams: (518) 526-8911

ADK Firearms Safety, LLC

FISH CREEK ROD & GUN CLUB

125 NY 32

Schuylerville, NY 12871

<https://AdirondackGunRange.com>

(518) 792-1911

SARATOGA WEAPONS & TACTICAL, LLC

<https://www.saratogaweapons.com/training>

SARATOGA SHOOTING SPORTS

<https://www.saratogashootingsports.com>

Email: ken@saratogashootingsports.com

Ken Hausam: (518) 290-0635

SPORTSMEN'S CLUB OF CLIFTON PARK

<http://www.scocp.org/NYSPPSC>

TRAINING HOUSE SARATOGA

<http://www.traininghousesaratoga.com>

ZON SOLUTIONS, LLC

Email: Zonssolutions@gmail.com

Dave Zon: (703) 675-9647

MIKE ZULLO

<http://www.saratogacountyhandguncourse.com>

(518) 664-2581

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: _____

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 (If Applicable)	

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.		
Driver's License # (or Non-Driver ID)		License State	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

**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 the Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

DEPARTMENTAL AFFIRMATION AND RELEASE

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 have resulted in a dismissal or adjournment in contemplation of dismissal, arrests that have been sealed, arrests that were adjudicated as youthful offender, and arrests that resulted in the issuance of a certificate of relief from civil disabilities.

I hereby authorize the release of **ANY AND ALL** information about me to the Saratoga County Sheriff's Office or its designee(s) from **ANY ORGANIZATION** in possession of such records including but not limited to the hospitals; physicians; healthcare facilities; United States Veterans Administration; all branches of the United States Military; any law enforcement agency; courts; city, state, and federal tax entities; welfare and unemployment services; and schools and colleges.

I understand that any false statements made herein are punishable as a class A misdemeanor pursuant to § 210.45 of the Penal Law of the State of New York.

I understand that the application fees are non-refundable and that in the event my application is denied, I must wait **THREE (3) YEARS TO REAPPLY**.

EFFECTIVE APRIL 1, 2023, IF AN APPLICATION IS DENIED, THE APPLICANT WILL HAVE NINETY (90) DAYS FROM RECEIPT OF THE WRITTEN NOTICE OF DENIAL TO REQUEST A HEARING BEFORE THE APPEALS BOARD TO APPEAL SUCH DENIAL.

Signature of Applicant _____
Date

Subscribed and sworn to before me this

_____ day of _____.

Notary Public

NEW NICS CHECK INFORMATION SHEET

FIRST: _____ MIDDLE: _____ LAST: _____

DOB: _____

GENDER: _____ HGT: _____ WGT: _____ RACE: _____ ETHNICITY: _____

(WHITE, ASIAN, UNKNOWN, (HISPANIC / NON)
BLACK/AFRICAN AMERICAN,
HISPANIC/LATINO,
AMERICAN INDIAN/ALASKAN NATIVE,
NATIVE HAWAIIAN/PACIFIC ISLANDER)

MILITARY STATUS: _____ ALIASES/MAIDEN NAME: _____

(HONORABLY DISCHARGE,
ACTIVE DUTY, NEVER JOINED,
DISHONORABLY DISCHARGED)

PLACE OF BIRTH: _____ OCCUPATION: _____

(COUNTRY, STATE & CITY)

NYS DRIVER'S LICENSE #: _____ US CITIZEN (Y/N): _____ SS#: _____

STREET ADDRESS: _____

COUNTY: _____ RESIDE IN CITY LIMITS (NYC RESIDENTS ONLY): _____

(Y/N/UNK)

EMAIL ADDRESS: _____ PHONE #: _____

U-PIN NUMBER: _____

(IF APPLICABLE)