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.

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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: _____

PPB-3 (Rev 12/24) **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

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

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 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, BLACK/AFRICAN AMERICAN, HISPANIC/LATINO, AMERICAN INDIAN/ALASKAN NATIVE, NATIVE HAWAIIAN/PACIFIC ISLANDER)

(HISPANIC / NON)

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)

Revised 01/24

Craig A. Hayner
County Clerk

Shauna M. Sutton
Deputy County Clerk
Charles A. Foehser II
Deputy County Clerk

Saratoga County Clerk's Office

Saratoga County Municipal Center
40 McMaster Street, Ballston Spa, NY 12020
Telephone (518) 885-2213 FAX (518) 884-4726

Instructions for the **NYS Firearms Request for Public Records Exemption** (opt-out) form

-You have the option to print out a blank form and handwrite the information or type the information in the empty fields.

-Print, sign and date the form.

-Mail or bring the **original signed** form to the Saratoga County Clerk's Office. *We will not be able to accept copies or faxes.*

Mailing Address:
Saratoga County Clerk's Office
40 McMaster Street
Ballston Spa, NY 12020

Office hours to hand deliver the form are: 8:00 am to 5:00 pm, Monday – Friday

More information about this process can be found at:
www.troopers.ny.gov/optoutfoil

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 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**