New York State
Pistol License Application

Onondaga County Sheriff's Office
Pistol License Unit
407 South State Street
Syracuse, New York 13202
(315) 435-2037

Applicants for NYS Pistol Licenses

There are three (3) types of handgun licenses one can apply for as described in section 400.00 of the New York State Penal Law. Except under special circumstances, the issuance of these licenses is restricted to:

1. **Carry Concealed**: Without regard to employment or place of possession by any person when "Proper Cause" exists for the issuance thereof or to carry with listed restrictions.

2. **Possess on Premise**: Have and possess in dwelling by a homeowner **ONLY** or have and possess in one place of business by a merchant or storekeeper **ONLY**.

3. **Carry Concealed/Employment**: with regard to employment.

Applicants applying for a Carry Concealed pistol license are required to complete the "proper Cause" forms for the issuance of this permit. **NO** applicant will be issued an unrestricted license unless he/she is able to demonstrate a special need for the issuance thereof.

If an applicant will pursue a pistol license for the purposes of hunting, target shooting, competition, hiking, camping, etc., a **SPORTSMAN** restriction will be applied to the pistol license.

Applicants who desire a license for home/business ONLY would be advised to apply for a **POSSESS ON PREMISE**. This is not a carry license and restricts the possession of the handgun(s) to the dwelling addressor place of business address listed on the application. If this address should change, the application process will begin again with all fees applicable.

Applicants wanting to carry concealed for their jobs must have a letter from their employer stating that they require the individual to carry during the performance of his/her duties. The restrictions on the license will appear as **EMPLOYMENT, SECURITY** or **BUSINESS**. No pistol license application will be accepted until he/she has successfully completed a handgun safety course from one of the listed certified instructors and can furnish this office with the certificate that is awarded upon completion.

Basic Handgun Safety Course

A basic handgun safety course is required in Onondaga County for first time Pistol license holders

Only a certificate issued by any of the **Certified Instructors will be accepted.**

See the most recent Certified Instructors List on line.

Rules and Regulations of a Pistol License Applicant

DO NOT sign, or have anyone witness any of the application paperwork

1. Applicants must be **21 years of age** at the time of application and a **resident of Onondaga County.**

2. Complete the application form. No copies will be accepted. Use **black ink or type.**

3. Four (4) references are required:
   - **a.** They must be 21 years of age or older and a resident of Onondaga County.
   - **b.** They cannot be family members or reside in the same household.
   - **c.** Each of your references must personally sign the application form. In addition, each reference must complete and sign the attached Character Reference Form.
4. Answer all the questions on the questionnaire and the affirmation sheet. If you are unclear on any question or statement leave it blank. We will attempt to assist you when you return your application.

When all application paperwork has been completed, call **435-2037** to make an appointment to process the application. ***Please bring the following to your Pistol License Unit appointment.***

- Handgun Safety Course certificate.
- $55.75 cash, Money Order, Visa, MasterCard, or Discover Card.
- Photo identification is required.

Fingerprints and photos can be taken 30 days prior to the application process by scheduling an appointment with L-1 Enrollment Services, located at 1723 Burnett Avenue, Syracuse.

1. Applicants must schedule an appointment for fingerprinting by calling L-1 Enrollment toll free call center at (877) 472-6915 or by visiting their web site at www.L1enro11ment.com .

2. Applicants scheduling through the L-1 web site should print out the confirmation page and bring it to their appointment.

3. Applicants **MUST** have two forms of identification and provide the following information to L-1 staff:
   a. Reason for being fingerprinted - **PISTOL LICENSE**
   b. "ORI number" - **NY921990Z**

4. L-1 staff will provide a receipt verifying applicants have been fingerprinted and photographed.

5. Applicants **MUST** provide the **L-1 receipt** to the Onondaga County Sheriff's Office Pistol License Unit.

Processing time for a PISTOL LICENSE is approximately 3-6 months

You will be notified by mail or email upon the approval of your application

General Pistol License Information

CARRY CONCEALED PISTOL LICENSE - You are entitled to carry your handgun concealed on your person except where prohibited by law. (i.e. Federal, State, County, City Office Buildings, Courthouses, Schools, Banks, Public Buildings and posted land).

CARRY WITH RESTRICTIONS LICENSE - You are able to carry your handgun on your person when you are performing the functions listed. While traveling to perform those functions, the handgun MUST be secured in a locked box with a trigger lock and secured in the trunk separate from the ammunition.

SPORTSMAN PISTOL LICENSE - You are entitled to use your handgun for the purpose of hunting, target shooting, camping, hiking & competition shooting.

ANY Person possessing a pistol license issued in New York State **MUST** notify the pistol license unit within **10 days** of **ANY** change in information (address, acquisition or disposal of firearm) pursuant to Section 400 of the NYS Penal Law. **Failure to comply is a class A misdemeanor.**

If you move out of Onondaga County, your pistol license file may remain in Onondaga County, or you may transfer your complete file to the new county you will reside in.

Only two (2) immediate family members, of the same household, may register the same handgun on their pistol license.

Before a firearm can be registered on your license, you **MUST** supply proof of purchase including a trigger lock, or a dealer's statement that a trigger lock has been included with the handgun purchase.

Pursuant to NYS Penal Law section 400.00, the Sheriff's Office has six (6) months within which to process your application.

You can help expedite the process by ensuring that your Character Reference Forms are completed and submitted with your application.

Pistol License Applicant Questionnaire

Please read and answer all questions carefully

Print or Type - **DO NOT SIGN**

1. Full Name: _____
   Last Name First Name Middle Name
2. Current Address: _____
3. Phone # Home ( ) _____ Work ( ) _____
4. email Address _____ Social Security #____ -_____- _____
5. Any names you have ever used or been known by and reason for same:

   _____
6. Place of Birth: _____ Single: ____ Married: ____ Divorced: ____ Widowed:
   If married, give Spouse's name _____
7. Starting with your present address, list all places of residence for the last 5 years. (include apt #s & zip)

   _____

   _____

   _____
8. Starting with your present employer, list all employers for the last 5 years (include nature of business)

   _____

   _____

   _____

   _____
9. Specifically, where and how will your handgun(s) be safeguarded when not in use?

   _____
10. State the name and address of the person who will safeguard your handgun(s) in case of your death or disability. _____
11. Will any individuals under the age of 21 be left unsupervised in your residence? _____
    If so, what precautions will be taken to assure no one will gain access to your handgun(s).

I have answered the above questions to the best of my knowledge and recollection and I understand that **ANY FALSE** statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the New York State Penal Law.

Signature_____ Date _____

Proper Cause" for a "Carry Concealed" Pistol License

The New York State Legislature restricts the types of pistol licenses that the court may issue to NYS Pistol License Holders. Under NYS Penal Law Section 400.00 (1):

1. Possession in a dwelling by a householder
2. Possession in a place of business by a merchant or storekeeper
3. Have and carry concealed while employed as a messenger of a banking institution
4. Have and carry concealed by an employee while on duty in a correctional facility
5. Have and carry concealed, without regard to employment or place of possession, by any person when proper cause exists for the issuance thereof.

If your application seeks what is popularly known as a "have and carry concealed" without limitation pistol license, the New York State Legislature authorizes the court to approve it only where it meets the "proper cause" standard. Appellate court decisions binding upon the pistol licensing officer define "proper cause" for the issuance of a "have and carry concealed" without limitation pistol license as grounds which demonstrate "a special need for self-protection distinguishable from that of the general community or a person engaged in the same profession. (Matter of Kaplan vs. Branton, 249 AD2d199 (1st Dept. 1998).

Pistol license applications should be aware that if you apply for a pistol license for a particular purpose, then it will be limited to that purpose. Also, if you desire a licensed for self-protection you would be advised to apply for an on-premise license. This is not a carry license and restricts the possession of the handgun to the dwelling or place of business listed in the application. No application will be issued an unrestricted carry permit unless he/she is able to demonstrate a special need for the issuance thereof. Self-protection is not a sufficient need for the issuance of a carry concealed license.

A statement of grounds which meet the test of "proper cause", i.e. "a special need for self-protection distinguishable from that of the general community or of persons engaged in the same profession", is necessary in order for the licensing officer to apply the law as enacted by the Legislature and interpreted by the higher Courts. As there is limited space available on the application form for a statement of "proper cause", an "Optional Statement" form has been provided with this information sheet should you wish to supplement your application beyond the form.

Optional Supplement to Application for the Issuance of a "Have & Carry Concealed" without Limitation Pistol License

Please state in detail the "proper cause" for issuance of a pistol license which authorizes you to carry a concealed pistol on your person twenty-four hours a day without limitation and then state why the grounds set forth in that statement constitute "a special need for protections distinguishable from that of the general community and person engaged in the same conduct, profession or business" referred to in section one of above

Departmental Affirmation

Date: _____

I, _____

having submitted an application for a New York State Pistol License on the above date **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 check, **ALL previous arrests** including **arrests which never resulted in the filing of a charge, arrests which resulted in a dismissal, adjournment in contemplation of dismissal and all sealed records, including arrests which resulted in a "Certificate of Relief from Disabilities" and DWI arrests.**

I understand that the fees are non-refundable and that I must wait a period of one (1) year to reapply and that any false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

_____ _____

Signature of Applicant Date

Subscribed and sworn to before me on this_____ day of _____ 20____

_____

Signature

9/22/16

Mandatory Criminal History Check

Name: _____
Last First Middle Initial

Date of Birth: Sex: Race: _____

Home Phone: Work Phone: _____

Social Security Number: _____

Pistol License Number: _____

Signature _____ Date: _____

Additional Arrest History

Date	Police Agency	Charge	Disposition - Court 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.

INSTRUCTIONS: Print or type in black ink only

NYSID NUMBER

LICENSE NUMBER

DATE OF ISSUE — MONTH / DAY / YEAR

PPB-3 (REV. 03/11)

STATE OF NEW YORK

PISTOL /REVOLVER LICENSE APPLICATION

COUNTY OF ISSUE — CODE

EXPIRATION DATE — MONTH / DAY / YEAR

LAST NAME | FIRST NAME | MI | DATE OF BIRTH — MONTH / DAY / YEAR | SEX

RESIDENCE ADDRESS | CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK | ZIP CODE

HGT (ins) | WGT (lbs) | EYES | HAIR | RACE | SOCIAL SECURITY NUMBER | PRESENT OCCUPATION | CITIZEN OF U.S.A. ☐ YES ☐ NO

EMPLOYED BY | NATURE OF BUSINESS | BUSINESS ADDRESS

I HEREBY APPLY FOR A PISTOL/ REVOLVER LICENSE TO: (Check one only) ☐ **CARRY CONCEALED** ☐ *** POSSESS ON PREMISES**

☐ *** POSSESS/ CARRY DURING EMPLOYMENT (* Premise address or place of employment must be provided)**

STREET ADDRESS OR OTHER LOCATION | CITY, VILLAGE, TOWN | ZIP CODE

A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	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:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE?	☐ YES ☐ NO
HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE?	☐ YES ☐ NO
HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS?	☐ YES ☐ NO
HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED?	☐ YES ☐ NO
DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN?	☐ YES ☐ NO
HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT?	☐ YES ☐ NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

FULL FACE ONLY

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.

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

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

APPPLICATION NOT VALID UNLESS SWORN

PB3/PPB3A

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER

6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS		RIGHT FOUR FINGERS
	THUMBS TAKEN TOGETHER	

IMPRESSIONS TAKEN BY: NAME _____ RANK _____ SHIELD _____ DATE _____

APPLICANT'S SIGNATURE AND ADDRESS:

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 OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	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.

PPB 3A (PPB3)

ONONDAGA COUNTY SHERIFF'S OFFICE - PISTOL LICENSE UNIT
Character Reference Form – 4 References Required (Submit 1 Form for Each Reference)

(References must be 21 years of age or older, residents of Onondaga County and cannot be family members or reside in the same household) Return all four (4) completed forms with application.

I, _____, *being duly sworn, deposes and says that I am aware that: The following* questions are asked in connection with the background investigation of _____ applicant for a New York State pistol license. I promise to answer each question to the best of my ability.

PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY.
PRINT (Black ink) OR TYPEWRITE ALL BUT SIGNATURE.

1. What is your present address? _____
2. Your current phone number/cell number (must be accessible contact #): _____

   _____ Date of Birth: _____

3. Name and address of employer? _____

   _____
4. How long have you known applicant? _____
5. By what other name (s) has applicant been known? _____
6. Where does applicant reside? _____
7. What is applicant's business or occupation? _____
8. Are you related to the applicant? _____
9. Will you attest to the applicant's honesty, sobriety, integrity, peacefulness? _____
10. Is the applicant a person of good moral character? _____
11. Would you, without reservation, recommend applicant for a pistol license? _____

Additional Information or Comments:

All information contained in this form will be strictly confidential. Please sign below and return with application.

I KNOW THE MEANING OF PERJURY; IT IS THE TELLING OF A LIE WHILE UNDER OATH. I ALSO KNOW THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

DATE _____ SIGNATURE _____

Of Reference Individual

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