New York State Pistol/Semi-Automatic Rifle License Application



Onondaga County Sheriff's Office – Pistol License Unit 407 South State Street Syracuse, NY 13202 (315) 435-2037 Email: <u>PistolLicenseUnit@ongov.net</u> <u>http://sheriff.ongov.net/pistol-license-unit/</u>

Types of Licenses

There are three types of licenses one can apply for as described in section 400.00 of the NYS 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 subject to the restrictions of State and Federal Law by any person.

Applicants applying for a Carry Concealed License are required to complete the 16-hour classroom and 2-hour live-fire firearms safety training course. A complete list of acceptable instructors can be found under the "Downloadable Forms" on the Pistol License website.

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

Applicants applying for a Possess on Premises License are required to take a basic handgun safety course. A complete list of acceptable instructors can be found under the "Downloadable Forms" on the Pistol License website.

3. **Possess/Carry During Employment**: Have and carry concealed while so employed by a messenger employed by a banking institution or express company.

Applicants applying for a Possess/Carry During Employment License must have a letter from their employer stating that they are required to carry a weapon during the performance of their job duties. Applicants are also required to take a basic handgun safety course. A complete list of acceptable instructors can be found under the "Downloadable Forms" on the Pistol License website.

Semi-Automatic Rifle Licenses

Effective 9/4/22 - A Semi-Automatic Rifle License is required for anyone acquiring a semi-automatic rifle. Existing Pistol License holders may add this endorsement to their license at any time by going to FAQ #17 on our website for details. Anyone who does **not** possess a valid NYS Pistol License will need to apply for one in order to take possession of any semi-automatic rifles on or after 9/4/22.

Basic Handgun Safety & Carry Concealed Course

Certificates are valid for THREE years from the date of issuance and must still be valid at time of application in order to be accepted. Depending on what type of license you are applying for, a basic safety or carry concealed course is required <u>unless</u> you meet any of the exemptions below.

Retired Military - within THREE years of retirement, we will accept a copy of your DD214 indicating your training and/or a letter from your branch of service. **Active Military** - will need to provide either a training qualification sheet and/or letter from your branch of service.

Retired Law Enforcement - within THREE years of retirement, we will we accept a letter from the former employer stating you were current with training.

Active Law Enforcement- will need to provide either a training qualification sheet, Qualification Card, or a letter from training/HR or superior officer stating you are current with training.

Please see a list of acceptable instructors on our website under downloadable forms. ONLY certificates from this list will be accepted at your appointment.

Applicant Instructions

**ALL applicant signatures MUST be signed in front of Pistol License Staff. Do
NOT sign your application until your scheduled appointment**

- 1. Applicants must be 21 years of age at the time of application **and** a resident of Onondaga County.
- 2. Complete all application paperwork. Type or use black ink <u>ONLY</u>. No copies of your application will be accepted, only originals.
- 3. Four character reference are required.
 - a. They must be 21 years of age or older and a resident of **ONONDAGA COUNTY**. References outside of Onondaga will not be accepted under any circumstances.
 - b. They <u>cannot</u> be related to or reside in the same household as the applicant.
 - c. Each reference **MUST** complete and sign **BOTH** the NYS application form PPB-3 **AND** the individual character reference forms included in your application. References **MUST** sign within 6 months of your appointment date. Failure to do so may result in delay of your application or rescheduling your appointment.

Scheduling/Submitting Application

Once your handgun safety course and ALL application paperwork have been completed, you will need to bring the full completed packet down to the Onondaga County Sheriff's Pistol License Unit to get scheduled. You will be required to pay the \$55.75 NON **REFUNDABLE** fee at that time and your full application packet will be held in our office until your scheduled appointment. All paperwork will be signed and reviewed at your appointment NOT at time of scheduling.

Please bring the following with you when you come to get scheduled:

- Basic or Carry Concealed Course certificate or acceptable proof for LEO/Military
- Application Fee \$55.75 (Cash/Card/or Money Order accepted)
- NYS Driver's License or NYS Non-Driver's ID (Only forms of ID accepted)
- Completed application and references

Fingerprints & Photo

DO NOT schedule your fingerprints until you have scheduled your application appointment **AND** are within **30 days** of that appointment. Fingerprints and photo **MUST** be taken within 30 days of your appointment date. Example – appointment is scheduled for 6/1/23, prints must be taken between 5/2/23 & 5/31/23 in order to be valid.

- Applicants must schedule an appointment with IdentoGO. Fingerprints/photo are NOT processed by the Onondaga County Sheriff's Office. Phone: (877) 472-6915 Website: <u>http://uenroll.identogo.com/workflows/154fn9</u>
- 2. Applicants must have one form of identification and provide the following to IdentoGo staff:
 - a. Service Code: 154FN9
 - b. Reason for being printed: **PISTOL PERMIT LICENSE**
- 3. IdentoGo staff will provide a receipt verifying applicants have been fingerprinted and photographed. No additional photo is needed as this one will be used for your license. Applicants should bring their IdentoGO receipt to their appointment.

Processing time is approximately SIX months. Pursuant to NYS penal Law section 400.00, the Sheriff's Office has six (6) months after your appointment within which to process your application. You will be notified by mail upon approval or denial of your application.

State of New York

Pistol/Revolver License Application Semi-Automatic Rifle License Application

THIS SECTION TO BE C	OMPLETED BY LICENSING OFFIC)E
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 Inform	nation												
Last Name			First N	ame					Middle Name		Suffix		
Street Name (Physical Ad	ddress)				Apt #	City					State	Zip	
Mailing Address (If Diffe	erent than Physical)				Apt #	City					State	Zip	
Sex:	DOB:	Height: ft in			Weight	t:		Hair:			Eyes:		
Social Security Numbe	r:	Ethnic	ity:			Rac	e:				Citizen of U.S.		
NY Driver's License # (or Non-Driver ID)	Prima	ry Phone	e #		Se	condary	Phor	ne #	Emai	I Addre	SS	
Employed By		Currer	nt Occup	ation			Nature of Business						
Business Address					Apt #	City					State	Zip	
I hereby apply for a Pis (*) Premise Address	tol/Revolver License to or Employer Name and	•			Carry Co ded belov		d	*Poss	sess on Premise	s		sess/Carry ng Employment	
Employer Name (If Car	ry During Employment)	Addres	s or Othe	er Loca	ation (Str	eet #, S	treet Na	ne, Aj	partment Numbe	er, City	, State,	Zip Code)	
I hereby apply for a Se	emi-Automatic Rifle Lic	ense: (Ch	eck Yes	or No)		Yes		No					
Give four character refe	rences who by their sig	inature af	test to y	our go	od moral	charac	ter:						
Last, First, MI	Street Addre	ess (Stree	et #, Nam	ne, Apa	rtment #,	City, S	tate, Zip	Code) Signature				
						-		- 4 ¹					

New York State Police

State of New York

Pistol/Revolver License Application

Semi-Automatic Rifle License Application

Marital Status and Relations	hips-THIS SECTION ONI	_Y AP	PLIES TO CARRY CONCE	ALED
	CURRENT MARRIAGE OR	CONTRACTOR CONTRACTOR DO		
What is the Applicant's current relationshi	p status?			
If applicable, provid	le the requested information regarding	ng the A	applicant's <u>current</u> 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, IN			
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Last Name	First Name	м.і.	Maiden Name (If Applicable)	DOB
Dhave Mumber				
Phone Number	-			
Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number			1	

New York State Police

State of New York

Pistol/Revolver License Application

Semi-Automatic Rifle License Application

Have you ever bee	en arrested, summoned	, charged or indict	ed anywhere for any off	ense, including DWI (except traffic in	nfractions)	?	
Sealed arrests r	nust be included. *Refe	r to Executive Law	/ §296(16)				
	י 🗌	/es	No	If yes, furnish the following inform	ation:		
Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Dispo	sition	
Are you a fugitive	from justice?					Yes	No
Are you an unlaw	ful user of or addicted t	o any controlled s	ubstance as defined in s	section 21 U.S.C. 802?		Yes	 No
Are you an alien i	llegally or unlawfully in	the United States	?			Yes	No
Are you an alien a	admitted to the United S	tates who does no	ot qualify for the excepti	ons under 18 U.S.C. 922 (y)(2)?		Yes	No
Have you been dis	scharged from the Arme	ed Forces under d	ishonorable conditions?	2		Yes] No
Have you ever renounced your United States citizenship?						Yes	No
Have you ever suf	ffered any mental illnes	\$?				Yes	No
Have you ever bee	en involuntarily commit	ed to a mental hea	alth facility?	•		Yes	No
Have you ever had	d a pistol / revolver / sei	ni-automatic rifle	license revoked?			Yes	No
Are you under any criminal procedur	/ firearms suspension c e law or section eight h	or ineligibility orde undred forty-two-a	r issued pursuant to the a of the family court act?	provisions of section 530.14 of the		Yes	No
Have you had a gu of marked subnor manage your own	mal intelligence, menta	ou pursuant to any illness, incapacit	/ provision of state law, y, condition or disease y	based on a determination that as a r you lack the mental capacity to contr	esult ract or] Yes	No
Have you been co *THIS QUESTION	nvicted of Assault 3rd, ONLY APPLIES TO CAF	Misdemeanor DWI RRY CONCEALED	, or Menacing 3rd withir	the previous five years?		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
	ny of the questions above	ve is YES, explain	here:				
For applicants und	der twenty-one years of	age only:					
	norably discharged from the State of New York?	n the United State	s Army, Navy, Marine Co	orps, Air Force or Coast Guard, or th	e	Yes	No

PPB-3 (Rev 12/23)

New York State Police

State of New York

Pistol/Revolver License Application

Semi-Automatic Rifle License Application

Photograph Of Applicant Taken Within 30 Days Full Face Only	constitutes a cr conditions affect 1. No license iss 2. Any pistol/rev described in t 3. If I permanent Superintende within 10 days 4. Any license is	ime punish any license sued as a resul olver license is he license prop tly change my a nt of the State s of such chang sued as a resu se of a court of Jurat:	able by fine, impr which may be issu t of this application is va sued as a result of this berly issued by the licer address, notice of such Police and in Nassau C ge. It of this application is s	risonment, or risonment, or red to me: alid in the City of application will hsing officer. change and my county and Suffo subject to revoca	both. I am awar New York. be valid only for a pisto r new address must be lk County, to the licens	this application and the that the following of or revolver specifically forwarded to the ing officer of that county, licensing officer or any
		This	day of			, 20
		at				
Signature of Applican		S	ignature of Officer Adm	inistering Oath		Title of Officer
			APPLICA	TION NOT VA	LID UNLESS SWO	RN
Fingerprints submitted electror	nically by:					
Name		Ra	ink		Organization	
Investigation Report – All inform	nation provided by th	nis applicant h	as been verified:			
Name		Ra	ink	· · · ·	Organization	
				S	ignature of Investigatin	ig Officer
This application is Appl	roved Dis	approved	The follo	owing restrictio	n(s) is (are) applicable	e to this license:
	ignature of Licensing C	Officer				
If Licensing Officer authorizes t	-		r or single shot firear	m(s) at the time	of issue of original I	icense, furnish the
following information: ***List handguns only, do not li	st semi-automatic rif	les.				
	/Revolver/	Model	Frame Only	Caliber(s)	Serial Number	Property of
~		-9-				

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.

•	Have you ever used or been known by any other name(s)? Yes No
	If yes, name(s):
	Place of Birth: (City, State)
	Martial Status: Single Married Divorced Widowed
	If married, give Spouse's name
•	List all addresses of residence within the last 5 years:
	Current (check) Address Approximate Dates
	If more room is required, please continue on the back
	List all employers/occupations for the last 5 years:
	<u>Current (check)</u> <u>Employer/Occupation</u> <u>Approximate Dates</u>
	If more room is required, please continue on the back
•	Where and how will your handgun(s) be safeguarded when not in use?
	Will any individuals under the age of 21 be left unsupervised in your residence? Yes No
	If yes, what precautions will be taken to assure no one will gain access to your handgun(s)?

Signature of Applicant: _____

Departmental Affirmation/Mandatory Criminal History Check DO NOT SIGN UNTIL APPOINTMENT

I understand that by signing this, I am authorizing the Onondaga County Sheriff's Office to process and review my background and criminal history. I understand I must disclose <u>all previous arrests</u> including anything in my youth, sealed, out of state, appearance tickets, DWI's, regardless of the outcome.

I understand that the fees are **non-refundable**, 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:	
Signed and sworn to me on this	day of	, 20	
Signature:	<u></u>		
Date of fingerprints:			

Official PLU Staff Only

Additional Arrest History

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition
				in mar	

Onondaga County Sheriff's Office

Tobias Shelley Sheriff

Jeffrey T. Passino Undersheriff

Matthew Fischer John S. Drapikowski Craig Belcher Richard Miori Lisa Dell Maureen Murphy Chief Deputy Police Department Chief Deputy Custody Department Chief Deputy Special Enforcement Chief Deputy Correction Department Chief Deputy Civil Department Chief Deputy Administration



Sheriff's Office	315-435-3044
Police Department	435-3036
Human Resources	435-1767
Civil Department	435-3060
Correction Department	435-5581
Custody Department	435-1717
Criminal Investigations	435-3081
Police Records	435-3010
Custody Records	435-1782

AUTHORIZATION FOR RELEASE OF INFORMATION

I, ______, do hereby authorize the Veteran's Administration, all branches of the United States Military active and reserve, all law enforcement agencies, all courts (Family, City, County, State, Federal), city, state and federal tax bureaus, welfare and unemployment services, schools, universities, colleges and institutions, to furnish the Onondaga County Sheriff's Office with any and all available information and copies of records regarding me in order that they may determine my suitability with regards to issuance and possession of a pistol permit.

I authorize the Onondaga County Sheriff's Office to make inquiry of my present and past employers regarding my character, integrity and reputation.

NOTE: A photocopy of this authorization shall be considered as effective and valid as the original.

Applicant's DOB:	Applicant's SS#:
Signature of applicant:	Date:
Witness name:	
Signature of witness:	Date:

407 South State Street Syracuse, NY 13202

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 ONONDAGA 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; Β. I am a protected person under a currently valid order of protection; С 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) 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

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

Appli	cants Name & Address:
1.	How long have you known the applicant?
2.	Are you related to the applicant? \Box Yes \Box No
3.	Has the applicant been known by any other names? \Box Yes \Box No
	If yes, please list names:
4.	Do you recommend the issuance of a permit? \Box Yes \Box No
	If no, please explain why:
5.	To the best of your knowledge, has the applicant ever:
	Undergone treatment for alcohol and/or substance abuse? \Box Yes \Box No
	Suffered from any mental illness? \Box Yes \Box No
	If you answered "Yes" to any of the above, please explain:
6.	Do you attest to the applicant's sobriety, honesty, integrity, and
0.	peacefulness? \Box Yes \Box No
	If no, please explain:
7.	Is the applicant of good moral character? \Box Yes \Box No
	If no, please explain:
Name	
Addre	ess:
	Phone #:
Siona	ture: Date:
Jigila	ture: Date:

Appli	icants Name & Address:
1.	How long have you known the applicant?
	Are you related to the applicant? \Box Yes \Box No
3.	Has the applicant been known by any other names? \Box Yes \Box No
	If yes, please list names:
4.	Do you recommend the issuance of a permit? \Box Yes \Box No
	If no, please explain why:
5	
э.	To the best of your knowledge, has the applicant ever:
	Undergone treatment for alcohol and/or substance abuse? Yes No
	Suffered from any mental illness? \Box Yes \Box No
	If you answered "Yes" to any of the above, please explain:
6.	Do you attest to the applicant's sobriety, honesty, integrity, and
	peacefulness? \Box Yes \Box No
	If no, please explain:
7.	Is the applicant of good moral character? \Box Yes \Box No
	If no, please explain:
NT	
Name	
Addre	ess: Phone #:
Signa	ture: Date:

Applicants Name & Address:		
1.	How long have you known the applicant?	
2.	Are you related to the applicant? \Box Yes \Box No	
3.	Has the applicant been known by any other names? \Box Yes \Box No	
	If yes, please list names:	
4.	Do you recommend the issuance of a permit? \Box Yes \Box No	
	If no, please explain why:	
_		
5.	To the best of your knowledge, has the applicant ever:	
	Undergone treatment for alcohol and/or substance abuse? □ Yes □ No	
	Suffered from any mental illness? \Box Yes \Box No	
	If you answered "Yes" to any of the above, please explain:	
6.	Do you attest to the applicant's sobriety, honesty, integrity, and	
	peacefulness? Yes No	
	If no, please explain:	
7.	Is the applicant of good moral character? \Box Yes \Box No	
	If no, please explain:	
Name		
Address: Phone #:		
	Phone #:	
Signa	ture: Date:	

Appli	cants Name & Address:
1.	How long have you known the applicant?
	Are you related to the applicant? \Box Yes \Box No
3.	Has the applicant been known by any other names? □ Yes □ No If yes, please list names:
4.	Do you recommend the issuance of a permit? Yes No If no, please explain why:
-	
5.	To the best of your knowledge, has the applicant ever:
	Undergone treatment for alcohol and/or substance abuse? □ Yes □ No
	Suffered from any mental illness? \Box Yes \Box No
	If you answered "Yes" to any of the above, please explain:
6.	Do you attest to the applicant's sobriety, honesty, integrity, and
	peacefulness? Yes No
	If no, please explain:
7.	Is the applicant of good moral character? \Box Yes \Box No
	If no, please explain:
N T	
Name	:
Addre	PIs
	Phone #:
Signa	ture: Date: