

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: [PistolLicenseUnit@ongov.net](mailto:PistolLicenseUnit@ongov.net)  
<http://sheriff.ongov.net/pistol-license-unit/>

## 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 **unless** 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 ONLY. 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 cannot 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 \$60.00 **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 - \$60.00 (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.

1. Applicants must schedule an appointment with Identogo. Fingerprints/photo are **NOT** processed by the Onondaga County Sheriff's Office.  
Phone: (877) 472-6915  
Website: <http://uenroll.identogo.com/workflows/154fn9>
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 COMPLETED BY LICENSING OFFICE**

<b>NYSID #</b>	<b>License #</b>	<b>County of Issue</b>
<b>Date of Issue</b>	<b>Expiration Date (If Applicable)</b>	

*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**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>		<b>Suffix</b>	
<b>Street Name (Physical Address)</b>				<b>Apt #</b>	<b>City</b>		<b>State</b> <b>Zip</b>
<b>Mailing Address (If Different than Physical)</b>				<b>Apt #</b>	<b>City</b>		<b>State</b> <b>Zip</b>
<b>Sex:</b>	<b>DOB:</b>	<b>Height:</b> <b>ft</b> <b>in</b>	<b>Weight:</b>	<b>Hair:</b>	<b>Eyes:</b>		
<b>Social Security Number:</b>		<b>Ethnicity:</b>		<b>Race:</b>		<b>Citizen of U.S.</b>	
<b>Driver's License # (or Non-Driver ID)</b>		<b>License State</b>	<b>Primary Phone #</b>	<b>Secondary Phone #</b>	<b>Email Address</b>		
<b>Employed By</b>		<b>Current Occupation</b>		<b>Nature of Business</b>			
<b>Business Address</b>				<b>Apt #</b>	<b>City</b>		<b>State</b> <b>Zip</b>
I hereby apply for a Pistol/Revolver License to: (Check only one) <b>Carry Concealed</b> <b>*Possess on Premises</b> <b>*Possess/Carry During Employment</b> (*) Premise Address or Employer Name and Address must be provided below:							
<b>Employer Name (If Carry During Employment)</b>		<b>Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)</b>					
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No) <b>Yes</b> <b>No</b>							
Give four character references who by their signature attest to your good moral character							
<b>Last, First, MI</b>		<b>Street Address (Street #, Name, Apartment #, City, State, Zip Code)</b>				<b>Signature</b>	

**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.



# Pistol License Applicant Questionnaire

Please read and answer all questions carefully

Print or Type - **DO NOT SIGN**

1. Have you ever used or been known by any other name(s)?  Yes  No

If yes, name(s): \_\_\_\_\_

2. Place of Birth: \_\_\_\_\_ (City, State)

3. Martial Status:  Single  Married  Divorced  Widowed

If married, give Spouse's name \_\_\_\_\_

4. List all addresses of residence within the last 5 years:

<u>Current (check)</u>	<u>Address</u>	<u>Approximate Dates</u>
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

\*\*If more room is required, please continue on the back\*\*

5. List all employers/occupations for the last 5 years:

<u>Current (check)</u>	<u>Employer/Occupation</u>	<u>Approximate Dates</u>
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

\*\*If more room is required, please continue on the back\*\*

6. Where and how will your handgun(s) be safeguarded when not in use?

\_\_\_\_\_

7. 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)?

\_\_\_\_\_

\_\_\_\_\_

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 NYS Penal Law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

I, \_\_\_\_\_ having submitted an application for a New York State Pistol/Revolver License on the below date understand that any omission of fact or any false statement concerning my criminal history will be cause for **“IMMEDIATE DENIAL”**.

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 **all previous arrests** 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: _____  Date of fingerprints: _____
--

Official PLU Staff Only

**Additional Arrest History**

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

# Onondaga County Sheriff's Office



Tobias Shelley  
Sheriff

Jeffrey T. Passino  
Undersheriff

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

---

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

---

## 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), schools, universities, colleges and institutions, and present and past employers to furnish the Onondaga County Sheriff's Office with any and all available information and copies of records regarding myself to determine my essential character, temperament, and judgement necessary to be entrusted with a weapon in a manner that does not endanger oneself or others.

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: \_\_\_\_\_

# 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;
- 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

**Onondaga County Sheriff's Office – Pistol License Unit  
Character Reference Form**

Applicants Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant?  Yes  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?  Yes  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?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

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

INTENTIONALLY LEFT BLANK

**Onondaga County Sheriff's Office – Pistol License Unit  
Character Reference Form**

Applicants Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant?  Yes  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?  Yes  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?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

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

INTENTIONALLY LEFT BLANK



**Onondaga County Sheriff's Office – Pistol License Unit  
Character Reference Form**

Applicants Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant?  Yes  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?  Yes  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?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

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

INTENTIONALLY LEFT BLANK

**Onondaga County Sheriff's Office – Pistol License Unit  
Character Reference Form**

Applicants Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant?  Yes  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?  Yes  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?  Yes  No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_

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

INTENTIONALLY LEFT BLANK