

Jefferson County Sheriff's Office
753 Waterman Dr., Watertown, NY 13601
315-786-2711 or 786-2710

Sheriff – Colleen M. O’Neill
Undersheriff – Brian R. McDermott

Licensing Officer Honorable Kim Martusewicz,
Jefferson County Court

PISTOL PERMIT APPLICATION

PISTOL PERMIT APPLICANTS MUST BE 21 YEARS OLD AND A JEFFERSON COUNTY RESIDENT OR PRINCIPALLY EMPLOYED IN JEFFERSON COUNTY. FOUR CHARACTER REFERENCES MUST HAVE KNOWN YOU A MINIMUM OF 5 YEARS, CANNOT BE RELATIVES, ONE REFERENCE PER HOUSEHOLD. REFERENCES DO NOT HAVE TO BE LOCAL – THEY CAN RESIDE OUT OF STATE.

1. **Fee of \$136.75 CASH** (\$10 County fee, \$21 fingerprinting fee, \$16 photo fee and \$89.75 Livescan fee) is paid at time of application. Initial **application** does not require reference signatures; however **reference questionnaires** must be **complete and notarized originals** when submitted. Fees are not refundable.
2. Handgun safety course certificate or range qualifications with handgun (for military/police) must be submitted. Safety course **must** be taken from instructor on attached list prior to submitting application.
3. An appointment will be made by the assigned Detective to do fingerprints & photographs.
4. As soon as we receive notice of approval, you will be notified by mail or telephone and your permit will be printed.
5. If your permit is denied, you will receive a letter so stating from the Judge. This decision is made entirely at the Judge’s discretion. Reasons for denial may include, but are not limited to, a felony conviction or falsification of information on the application.
6. This application process takes approximately twelve (12) months. If you have not heard from the Permit Office within that length of time, please call us at 786-2711.

IMPORTANT: You must list all arrests, including Driving While Intoxicated charges.

If additional applications are needed go to: <http://www.co.jefferson.ny.us>. Look for Records/Pistol Permits under Sheriff’s Department.

FORT DRUM APPLICANTS: Must submit a letter of recommendation from your commanding officer. Out of state guns must go through a NYS Dealer’s books to be registered. If they are shipped in your household goods, they must be stored in your unit’s Arms Room. A NYS Dealer of your choice will retrieve them and you will obtain them from the Dealer upon issuance of your permit.

**Jefferson County Sheriff's Office
753 Waterman Drive
Watertown, New York 13601
(315) 786-2711**

A handgun safety course is required by all applicants for a New York State Pistol Permit in Jefferson County. This safety course must be conducted by an NRA Certified Firearms Instructor or State Certified Instructor Listed below. We will **ONLY** accept a certificate from Instructors on this list dated **within ONE YEAR** of the application date.

Military personnel will be exempt if they can provide HANDGUN range qualifications issued through the Military within the last year. Correction Officers and Police Officers must show their range qualification from their specific employer. Applicants should submit their safety course certificate as part of their application. Following is a list of NRA Certified/State Certified Firearms Instructors who are approved in Jefferson County. This office does not recommend or endorse any instructor on this list, the choice is strictly yours.

Paul Alteri	(315)786-8316	Jefferson Comm College	Bill Kleftis	(717) 875-3839	Henderson
Chad Asch	(315) 601-4947	Utica/Rome Area	Bryan Leonard	(315) 559-1081	www.cny pistolclass.com
Kurt Callahan	(315) 286-0692	Philadelphia	Matthew J. Mallory	(315) 567-9268	www.PSandEd.com
Timothy Claflin	(315) 649-4254	Chaumont	John M. Maniscalco	(315) 489-1567	Evans Mills
Benjamin J. Clark	(315) 405-5640	S. Rutland	Raymond Marshall	(315) 482-3076	Alexandria Bay
David Colburn	(315) 751-5559	Syracuse	Sheldon M. Moot	(315) 405-2425 (315) 482-3446	Felts Mills
Christopher S. Conway	(315) 783-1888	Adams	John Quinn	(315) 783-7716	Wellesley Isl.
Brett W. Croneiser	(315) 337-4010	Lowville	Ricardo Rostirado	(315) 532-4573	Pulaski
Jose Cruz	(315) 775-7100	Fort Drum	Charles Ruggiero	(315) 786-2929	Watertown
Carl Culbertson	(315) 771-8706	Black River	Anthony Salerno	(315) 767-4124	Three Mile Bay
John B. Donahue	(315) 348-8688	Lyons Falls	Lynn Schnauber	(315) 955-2240	lschnauber001@gmail.com
Richard L. Drake	(315) 482-6455	Alexandria Bay	Gene Spencer	(315) 523-5598	Harrisville/Fort Drum
Eric Fleming	(315) 523-1360	Copenhagen	Pasquale Surace	(315) 232-3131	Adams
Donel Hagelin	(315) 408-8648	Adams	Paige Taylor	(315) 232-3131	Adams
Robert Haldenwang	(315)796-4186 (315) 232-3407	Oneida	Joseph Wargo	(315) 785-3245	Watertown
Randy Hanson	Cell 771-6683	Adams	Nancy Weal	(315) 232-4556	Adams
John G. Hardy rochester Personal Defense	(315) 489-1506 (585) 406-6758	johng_13601@yahoo.com rpdlctraining@rochester.rr.com	Edward S. Wheeler	(315) 527-0798	Utica/Rome Area
			Robert Wood	(315) 782-3536	Watertown

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												PPB-3 (REV. 03/11)		COUNTY OF ISSUE				CODE							
LICENSE NUMBER												STATE OF NEW YORK													
DATE OF ISSUE		MONTH	DAY	YEAR	PISTOL /REVOLVER LICENSE APPLICATION										EXPIRATION DATE		MONTH	DAY	YEAR						
LAST NAME										FIRST NAME										MI	MONTH	DAY	YEAR	SEX	
RESIDENCE ADDRESS										CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK										DATE OF BIRTH				ZIP CODE	
HGT (ins)	WGHT (lbs)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER										PRESENT OCCUPATION				CITIZEN OF U.S.A.						
EMPLOYED BY		NATURE OF BUSINESS										BUSINESS ADDRESS				<input type="checkbox"/> YES <input type="checkbox"/> NO									

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 CANCELED? 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:

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.

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

FULL FACE ONLY

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.

APPLICATION NOT VALID UNLESS SWORN



Jefferson County Sheriff's Office



Colleen M. O'Neill
Sheriff

753 Waterman Drive
Watertown, New York 13601

Brian R. McDermott
Undersheriff

First Name	M.I.	Last Name	Date of Birth ____/____/____	Day Time Phone #
Street Address (Not PO Box)		City/Town	State	Zip Code

Applicant: _____

The above individual has asked you to be a character reference for his/her pistol permit application. Please take the time to fill out, sign in front of a Notary Public and return this questionnaire to the Applicant. You will be contacted by an Investigator and can give further information at that time.

- How long, and in what capacity have you known the applicant? _____

- What social or work activities have you participated in with the applicant? _____

- What specific accomplishments or achievements are you familiar with of the applicant?

- What is the attitude of the applicant in work or social environments? _____

- What special knowledge, education or skills does the applicant possess? _____

- Does the applicant use drugs or alcohol? _____

THIS FORM MUST BE NOTARIZED. Thank You

Reference Signature

Notary: State of ____ County of _____

Sworn to before me on this ____ day of _____, 20__.

Signature of Notary Public

Administration : (315) 786-2660
Law Enforcement : (315) 786-2671
Corrections : (315) 786-2688



Civil Office : (315) 786-2714
Records Office : (315) 786-2710
Pistol Permits : (315) 786-2711

Address all communications and make checks payable to the Sheriff of Jefferson County.



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FAMILY COURT PRIVACY

CONSENT FORM

To facilitate the background investigation required for a New York State Pistol License, I consent to the release of personal data and copies of relevant documentation from Jefferson County Family Court to the investigating agencies of Jefferson County to assist in the determination of my fitness for a Pistol Permit.

Date

Signature

Printed Name

Previous Last Name(s) if Applicable

SS#

Date of Birth

Military Privacy Consent Form

To facilitate the background investigation required for a New York State Pistol License, I consent to the release of personal data and copies of relevant documentation from military systems of records (personnel, finance, security, medical, ADAPCPT, Provost Marshal, etc.) to the investigating agency of Jefferson County to enable the appropriate New York State authority to determine my fitness for a pistol license.

Date

Signature

Printed Name

SS#

Rank

Unit

Date of Birth

State of Birth

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient's Name (Last, First, M.I.)

"C" No.

Sex

Date of Birth

Facility Name

Unit/Ward/Residence No.

This authorization must be completed by the patient or his/her personal representative to use/disclose protected health information, in accordance with State and federal laws and regulations. Information may be released pursuant to this authorization to the parties identified herein who have a demonstrable need for the information, provided that the disclosure will not reasonably be expected to be detrimental to the patient or another person. A separate authorization is required to use or disclose confidential HIV related information.

PART 1: Authorization to Release Information

Description of Information to be Used/Disclosed:

Any report of mental health evaluation or treatment.

Purpose or Need for Information:

1. This information is being requested:
 - by the individual or his/her personal representative for release to a person or entity with a demonstrable need for the information; or
 - Other (please describe) Jefferson County Sheriff's Office
2. The purpose of the disclosure is (please describe):

Background investigation for Pistol Permit Application

From: Name, Address, & Title of Person/
Organization/Facility/Program Disclosing Information

NYS Office of Mental Health
44 Holland Ave.
Albany, NY 12229

To: Name, Address, & Title of Person/Organization/Facility/
Program to Which this Disclosure is to be Made

NOTE: If the same information is to be disclosed to multiple parties for the same purpose, for the same period of time, this authorization will apply to all parties listed here.

Jefferson County Sheriff's Office, Attn: Detective Division
753 Waterman Drive
Watertown, NY 13601

- A.** I hereby permit the use or disclosure of the above information to the Person/Organization/Facility/Program(s) identified above. I understand that:
1. Only the information described in this form may be used and/or disclosed as a result of this authorization.
 2. This information is confidential and is protected under federal privacy regulations (HIPAA) and the NYS Mental Hygiene Law and cannot legally be disclosed without my permission.
 3. If this information is disclosed to someone who is not required to comply with HIPAA, then it could be redisclosed and would no longer be protected by HIPAA. However, this information will still be protected under the NYS Mental Hygiene law, which prohibits this information from being redisclosed by anyone who receives it unless the redisclosure is permitted by the NYS law (Mental Hygiene Law §33.13).
 4. I have the right to revoke (take back) this authorization at any time. My revocation must be in writing on the form provided to me by (insert name of facility/program) Jefferson County Sheriff's Office, Watertown, NY. I am aware that my revocation will not be effective if the persons I have authorized to use and/or disclose my protected health information have already taken action because of my earlier authorization.
 5. I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from the New York State Office of Mental Health, nor will it affect my eligibility for benefits.
 6. I have a right to inspect and copy my own protected health information to be used and/or disclosed (in accordance with the requirements of the federal privacy protection regulations found under 45 CFR §164.524 and NYS Mental Hygiene Law §33.16).

B-1. One-Time Use/Disclosure: I hereby permit the one-time use or disclosure of the information described above to the person/organization/facility/program identified above.

My authorization will expire:

- When acted upon; 90 Days from this Date; Other Upon completion of background investigation

AUTHORIZATION FOR RELEASE OF INFORMATION

Facility/Agency Name NYS Office of Mental Health	Patient's Name (Last, First, M.I.)	"C"/Id. No.
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B-2. Periodic Use/Disclosure: I hereby authorize the periodic use/disclosure of the information described above to the person/ organization/facility/program identified above as often as necessary to fulfill the purpose identified above.

My authorization will expire:

- When I am no longer receiving services from (*insert name of facility/program*) _____;
- One year from this date;
- Other _____

C. Patient Signature: I certify that I authorize the use of my health information as set forth in this document.

Signature of Patient or Personal Representative Date _____

Patient's Name (Printed)

Personal Representative's Name (Printed)

Description of Personal Representative's Authority to Act for the Patient (*required if Personal Representative signs Authorization*)

D. Witness Statement/Signature: I have witnessed the execution of this authorization and state that a copy of the signed authorization was provided to the patient and/or the patient's personal representative.

WITNESSED BY: _____
Staff person's name and title

Authorization Provided To: Jefferson County Sheriff's Office, Watertown, NY

Date: _____

To be Completed by Facility:

Signature of Staff Person Using/Disclosing Information

Title

Date Released

PART 2: Revocation of Authorization to Release Information

I hereby revoke my authorization to use/disclose information indicated in Part I, to the Person/Organization/Facility/Program whose name and address is:

I hereby refuse to authorize the use/disclosure indicated in Part I, to the Person/Organization/Facility/Program whose name and address is:

Signature of Patient or Personal Representative Date _____

Patient's Name (Printed)

Personal Representative's Name (Printed)

Description of Personal Representative's Authority to Act for the Patient (*required if Personal Representative signs Revocation of Authorization*)