

Jefferson County Court ~ Honorable David Renzi
Jefferson County Sheriff's Office ~ Sheriff Colleen O'Neill
Watertown, NY 13601

Sheriff's Records Office: 315-786-2711

co.jefferson.ny.us/records-division

JEFFERSON COUNTY PISTOL PERMIT PACKET INSTRUCTIONS

ALL PISTOL PERMIT APPLICANTS MUST BE 21 YEARS OF AGE, and a RESIDENT OF JEFFERSON COUNTY. A **RESIDENT is someone who lives full-time in a dwelling (with proof of utilities, rental agreement, insurance, etc.) or who owns real property and pays taxes thereon. Leaseholds and members of camps with leases are NOT residents.**

1. All Pistol Permit Packets ready for submission may be turned in to the Records Department at the Sheriff's Office between the hours of 8:00 am and 2:00 pm. You will not pay your application fee or be fingerprinted at that time. You will be contacted to schedule an appointment for processing and payment at a later date. The **fee of \$136.75 will be collected at your appointment, when the Packet is COMPLETE to the Investigator's satisfaction. Fees accepted in CASH, CHECK, or POSTAL MONEY ORDER**, payable to *Sheriff of Jefferson County*. Fees are non-refundable.
2. Complete a Handgun Safety Course and include a copy of the certificate with your packet. Refer to the attached list of Jefferson County Approved Instructors. If you are a peace/police officer or military personnel, you may submit your most recent *handgun* range qualification. Handgun Safety Course or Range Qualification must be **completed within six (6) months of Application Appointment**.
3. Applicants must submit **four (4) character references**. References must be 21 years of age, cannot be relatives or live in the same residence as the Applicant, and only one (1) reference per household. **References must reside in Jefferson County**. References must complete, sign, and notarize the Reference Questionnaire. The four (4) notarized Reference Questionnaires must be submitted with the Pistol Permit Packet at your Application Appointment. If you are unable to provide four (4) Character References residing in Jefferson County, exceptions *may* be made on a case by case basis understanding this may delay your application processing.
4. Complete the **Pistol Permit Packet** and provide copies of supporting documentation and/or additional sheets of paper to expand on answers. Provide only COPIES of supporting documents; no originals. All supporting documentation will be made part of your Pistol Permit Packet.
5. Applicants must possess a valid NYS Driver's License or non-driver's ID and present such at the time of the Application Appointment. Visit dmv.ny.gov for instructions to obtain a NYS driver or non-driver identification.
6. An investigator will contact you to schedule an appointment for processing. The processing appointment will be scheduled within 14 days from the date you are contacted by an investigator. When you meet with the Investigator, you will have ten (10) additional days to provide any information, data, supporting documents, etc. the Investigator deems necessary for completion of your Packet. Failure to submit any additional documentation may result in a delay of your processing and/or rescheduling of your appointment.
7. You will be fingerprinted/photographed at the appointment and will receive **two (2) copies** of the computer-generated NYS Pistol Permit Application (NYS PPB3). You must obtain **original black ink signatures** from the four (4) character references in the Signature Block of the PPB3. **Return the signed PPB3 forms** to your Investigator **within 30 days**. If you are unable to return the signed PPB3 form within 30 days, your application may be considered "Abandoned", and you will have to begin the process over, including paying all necessary fees.
8. Once the Licensing Officer notifies the Sheriff's Records Office of your approval, you will receive a phone call. Only after notification of your approval, should you come to the Sheriff's Records Office and obtain your permit. Bring any handgun registration information with you at that time. Your photo will be taken again to print on the permit card.

9. If your pistol permit is denied, you will receive notification from the Licensing Officer and may be requested to appear in County Court for a hearing. Reasons for denial may include, but are not limited to, criminal history convictions, falsifying information, withholding information/documentation from your packet, failure to disclose information, and/or gross negligence to deadlines as outlined above.

MILITARY APPLICANTS: Active military applicants must include a letter of recommendation from your Commanding Officer in addition to the requirements listed in the attached Pistol Permit Packet. There is an additional authorization to release records for Military Applicants. If you are in possession of handguns purchased/acquired outside NYS, those handguns MUST be registered through an FFL/NYS Firearms Dealer. Firearms must be stored in your unit's Arms Room until such arrangement with said Firearms Dealer is made (by you) to retrieve this property. Only handguns coming from a licensed FFL/NYS Dealer can be registered on your NYS Pistol Permit. Again, if you are unable to provide four (4) Character References residing in Jefferson County, exceptions may be made on a case by case basis with the understanding this may delay your application processing.

CHECKLIST FOR APPLICANTS:

- Completed Handgun Safety Course – copy of certificate to submit with Packet; must be *completed within six (6) months of application.*
 - Peace/Police/Military Applicants – Handgun Range Qualification – copy of successful range completion or letter from Range Instructor indicating successful completion including date of most recent completion; must be *completed within six (6) months of application.*
- Four (4) Character Reference Questionnaires – These are individuals NOT living with you, NOT related to you, NOT in the same household as other reference(s); are Jefferson County residents; have completed the reference questionnaire in their own handwriting/words and signed the document in front of a Notary. If an Applicant is found to have falsified, changed, completed without the Reference's ability to answer for themselves or influenced the Reference to include or exclude specific information regarding the Applicant, the Applicant will be denied and could face criminal charges.
- Signed Family Court Release – Include a signed form for each County Family Court you have had a hearing/dispute/order of protection/been a petitioner or respondent in, EVER. If you had mediation, child support hearings, or changes to visitation, you were in Family Court. Please indicate the year you had the hearing/support/custody/visitation change.
- Signed Military Release – Sign this form only if you are ACTIVE DUTY MILITARY.
 - Include a written letter of recommendation from your Commanding Officer.
- Signed Authorization to Release Office of Mental Health Records.
- Complete Pistol Permit Packet – Include *copies* of supporting documentation, expand on answers that need clarification/explanation on additional sheets of paper, and write legibly for the Investigator and Judge to read. Information should be completed in black ink and must be signed and notarized. There are notaries at the Public Safety Building; ask your Investigator if there will be a Notary available when you are called to schedule an interview.
- Read and Sign/Notarize the **WARNING** included in the packet. Confirm with your Investigator if a Notary will be available at your Appointment.
- Present a NYS Driver's License or Non-Driver ID to the Investigator, at your appointment.

This Packet is available for additional copies on our website: co.jefferson.ny.us/records-division

NYSID Number											PPB 3 (Rev. 06/17)	County of Issue			
License Number											STATE OF NEW YORK PISTOL /REVOLVER LICENSE APPLICATION				Code
Date of Issue	Month	Day	Year												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.

Last Name													Suffix				
First Name										MI	Date of Birth – MM DD YYYY			NY Driver's License (or NY Non-Driver ID) No.			
Gender	Social Security			Race	Height ft	in	Weight	Eyes	Hair	Citizen of U.S.A		<input type="checkbox"/> YES <input type="checkbox"/> NO					

Physical Address (Street number, street name, apartment number, city, state, zip code)

Mailing Address (If different from physical address)

Primary Phone Number	Secondary Phone Number	Email Address
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Employed By	Present Occupation	Nature of Business
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Business Address (Street number, street name, apartment number, city, state, zip code)

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 number, street name, apartment number, city, state, zip code)
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A license is required for the following reasons:

Give four character references who by their signature attest to your good moral character.

Last, First, MI	Street Address, (Street number, street name, apartment number, city, state, zip code)	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:

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 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

Are you aware of any good cause for the denial of the license? 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

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 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

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 (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, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property Of
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

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.

Jefferson County Court ~ Honorable David Renzi
Jefferson County Sheriff's Office ~ Sheriff Colleen O'Neill
Watertown, NY 13601

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Completion of a handgun safety course is part of your Pistol Permit Packet for Jefferson County. This safety course must be conducted by an approved instructor listed below. We will ONLY accept certificates issued by Instructors on this list. We do not recommend or endorse any specific Instructor. You are responsible for the arrangement/attendance in the course with the instructor of your choice. Submit a COPY of your safety course certificate with the remaining packet documents.

Active Duty Military members, Peace or Police Officers may provide their unit or agency **handgun** range qualification completed **within the previous six (6) months**. If you are only qualified in Rifle/Shotgun, that range qualification is insufficient and will not be accepted as a Handgun Safety Course.

Paul Alteri	315-786-8316 315-286-5427	palteri@ sunyjefferson.edu	Bryan Leonard	315-559-1081	www.cnpistolclass.com
Kurt Callahan	315-286-0692	kcca@earthlink.net	Matthew Mallory	315-567-9268	www.PSandEd.com
Benjamin Clark	315-405-5640	S. Rutland	John Maniscalco	315-489-1567	Evans Mills
David Colburn	315-751-5559	dcolburn@ shootershaven.com	Sheldon Moot	315-405-2425	Felts Mills
Carl Culbertson	315-771-8706	Black River	John Quinn	315-482-3446 315-783-7716	Wellesley Isl.
Joel Dean	315-783-4226	Black River/Rutland	Ricardo Rios tirado	315-532-4573	Pulaski
Brent Desormo		firearmstraining315@gmail.com	Anthony Salerno	315-767-4124	Three Mile Bay
John Donahue	315-348-8688	Lyons Falls	Lynn Schnauber	315-955-2240	lschnauber001@gmail.com
Richard Drake	315-482-6455	Alexandria Bay	Gene Spencer	315-523-5598	Harrisville/Fort Drum
Donel Hagelin	315-408-8648	Adams	Gary Streber	585-425-1936	gary_streber@hotmail.com
Robert Haldenwang	315-796-4186	Oneida	Joseph Wargo	315-785-3245	Watertown
Randy Hanson	315-232-3407 315-771-6683	Adams	Nancy Weal	315-232-4556	Adams
Rochester Personal Defense-David Jenkins	585-406-6758	www.safeinrochester.com	Jason Widrick	315-681-5593	jason.widrick@gmail.com
Bill Kleftis	717-875-3839	firearmstrainer@ verizon.net	John G. Hardy	315-489-1506	Dexter

****Certificates expire SIX (6) MONTHS from date of issue, regardless of Instructor****

**COUNTY OF JEFFERSON
OFFICE OF COUNTY COURT JUDGE
WATERTOWN, NEW YORK 13601**

PISTOL PERMIT PACKET

SECTION 400 of the Penal Law states, in part, as follows:

“1. ELIGIBILITY. No license shall be issued or renewed pursuant to this Section except by the licensing officer, and then only after investigation and finding that all statements in a proper application are true. No license shall be issued or renewed except for an applicant... (b) of good moral character; (c) who has not been convicted anywhere of a felony or a serious offense; (d)... (i) who has stated whether he has ever suffered any mental illness; (j) who has not been involuntarily committed to a facility...; or been confined to any hospital or institution, public or private, for mental illness; ... and (n) concerning whom no good cause exists for the denial of the license... .”

In considering good moral character of the applicant and whether good cause exists for the denial of the license, this Court will attempt to view the applicant as a whole person and take into account his or her entire life history, rather than limit its view to isolated events in his or her life. This Court considers good moral character to embody that degree of honesty, integrity and discretion the public has a right to demand of a pistol licensee, judged by contemporary standards. This Court does not establish specific guidelines as to what transgressions or misconduct will be regarded as disqualifying other than as stated in Section 400 of the Penal Law quoted above.

It is essential that all questions be answered completely. Please attach additional sheets of paper for answers as part of your packet if you are unable to answer completely in the space provided.

The information contained in the enclosed Pistol Permit Packet will be considered on the question of good moral character and whether good cause exists to deny the application. Therefore, applicants should complete the necessary steps, collect/copy supporting documents, sign/notarize documents and notify this office once it is complete. If for any reason a portion of the steps, supporting documentation cannot be provided or completed, the Application Appointment will not be scheduled and the packet will not be accepted as complete. This will delay your process and subsequent approval.

As indicated in the Instructions you are required to obtain notarized signatures of four (4) persons as character references on a Reference Questionnaire. We suggest these persons be neighbors, friends, co-workers, or those you do business with regularly. In other words, they should be people who know you and your background well. These persons should also be of good moral character and reputation in the community. The character references must complete the Questionnaire in their own words with honesty and truthfulness regarding the character of the Applicant. They too, should have no criminal record.

This Pistol Permit Packet is confidential. It will be retained with the confidential records of the Jefferson County Clerk’s Office, and used only for Pistol Permitting/Licensing purposes.

**COUNTY OF JEFFERSON
OFFICE OF COUNTY COURT JUDGE
WATERTOWN, NEW YORK 13601**

STATE OF NEW YORK
PISTOL PERMIT APPLICATION AND AFFIDAVIT

In Re Application of:

Current Residential Address:

Please Print Full Applicant Name

City/State/Zip Code

STATE OF NEW YORK)
COUNTY OF JEFFERSON) SS:

TO THE JEFFERSON COUNTY COURT:

The undersigned in support of such application submits the following applicant history and affidavit:

1. a. Please state full name _____
First Name, Middle Name, Last Name
- b. SSN ____ - ____ - ____; *NYS Driver/Non-Driver ID#: _____
**Applicant must have a NYS issued Driver or Non-Driver identification*
- c. Have you ever used or been known by any other name? Yes No
If Yes, please list each name in full, used or changed at any time and when, how and why change was made (example – marriage, divorce, adoption, etc.):
- _____
- _____

2. a. Date of Birth: _____ Age: _____ Place of Birth: _____
City/State Country
- b. Are you a citizen of the United States? Yes No
- c. Email Address: _____ Phone Number: _____

3. The following constitutes every permanent and temporary residence I have lived in the last five (5) years. **Beginning with my current address** of residence to include all periods of time in the preceding five (5) years. *Attach additional sheet, if necessary*

From Mo./Yr.	To Mo./Yr.	Physical Street Address	City/State

4. Provide the name, city, state, year of graduation, and degree obtained for any high school/GED and any subsequent higher education: *Attach additional sheet if necessary*

Name of School	City/State	Year of Graduation	Degree Obtained

5. My father's name is: _____
He is, is not living.

6. My mother's name is: _____
She is, is not living.

7. The following is a complete list of my biological and step-siblings, their home address, phone number and date of birth. *Attach additional sheet, if necessary*

Full Sibling Name	Address/City/State	Phone Number	DOB

8. a. Marital status: Single Married Separated Divorced
b. If you are married, list the date and place of marriage and full name (include maiden) of your spouse:

- c. If you are married and living apart, has your separation been the subject of legal proceedings?
 Yes No

If Yes, state when, where and with whom such marriage was contracted, and when and how the marital status was terminated.

9. List the full name, relationship to you (i.e.: spouse, child), and date of birth of any person residing (full or part-time, i.e.: child visitation) with you. By marking with a checkmark, indicate if anyone has been convicted anywhere for any offense (except traffic infractions); diagnosed/treated/suffers from any emotional/behavioral disorder, mental illness, traumatic brain injury, or drug/alcohol addiction; or has been admitted to any hospital or rehabilitative facility, public or private, for an emotional/behavioral disorder, mental illness, traumatic brain injury, or drug/alcohol addiction. (This would include treatment or hospitalization for suicidal threats/actions)

Name	Relationship	DOB	Convicted of Offense	Dx/Treat/Suffer E/B Disorder, MI, TBI, Addiction	Admitted to Hosp/Rehab for E/B Disorder, MI, TBI, Addiction

10. a. Have you ever been a member of any branch of the Armed Forces of the US? Yes No
 b. Have you ever been a member of the National Guard or any of the reserve components? Yes No
 If Yes to either, list:
 1. Date of periods of active/guard/reserve duty: _____
 2. Branch of service: _____
 3. Date of discharge: _____

c. As a member of the armed forces, have any charges ever been made or proceedings instituted against you? Yes No

d. Have you ever been a defendant in any court martial? Yes No

e. If Yes to **c** or **d**, state the date and nature of the charge(s), disposition of the proceedings, and location and designation of the military establishment where such proceeding took place:

f. Have you ever received a medical discharge or an administrative discharge for medical reasons? Yes No

g. If you are Active Duty, have you included with this Pistol Permit Applicant History and Affidavit a letter of recommendation from your Commanding Officer? Yes No

h. If you are Active Duty, have you signed and included the Authorization to Release Military Records with this Applicant History and Affidavit? Yes No

11. In the last five (5) years, have you ever been employed, self-employed, or associated with any occupation, business, enterprise or profession, either part-time or full-time? Yes No

If so, beginning five years prior to the date of this application, give name and address of each employer, the position in which you occupied, date (month and year) in which you were employed, and the reason you left each employer or terminated the self-employment or association. Please list the location of the employer if it is different than the physical address. All periods of time in the last five years prior to the date of filing this application must be covered.

If you are “retired,” please list the employer/business from which you retired, when you retired, and any subsequent part-time/post-retirement employment positions you have held. Do NOT only write “Retired”.

From Mo/Yr.	To Mo/Yr.	Employer	Address/City/State	Position Held	Reason for Leaving

12. The following is a complete record of all instances in which you have been arrested or taken into custody or were involved with law enforcement at any time. Having been adjudged a youthful offender does not excuse full disclosure of the underlying information required herein from any record, or dismissing, vacating or setting aside any arrest, accusation or conviction, or purporting to authorize any person to deny the existence of such matters as omission shall be considered less than full disclosure. Attachment of letters from law enforcement agencies in lieu of an answer is not acceptable. This includes DWI arrests, sealed records, ACD's, whether you were fingerprinted or not. Do NOT include traffic tickets for infractions. ***Failure to disclose ALL previous arrests and dispositions and/or the filing of false information regarding the same will result in an automatic denial of the pistol permit application. Provide a copy of court dispositions.*** Attach additional sheet, if necessary.

Arrest Date	Police Agency	Charge(s)	Disposition Date	Disposition Court	Disposition/Fine

13. Have you ever been granted immunity and testified as a witness in any criminal action or criminal proceeding in which you were not a party? Yes No
 If Yes, please state the place, date, name of the Defendant, nature of the action or proceeding, the Court and the circumstances:

14. Some license applications require proof of good moral character, for example: Restaurant/Bar/Retail Liquor Licenses, Real Estate Broker, Insurance Broker, Medical/Nursing/Dental, Legal, Banking, Nursing Home Operator License, etc.
 a. List every application made by you for a position the procurement of which required proof of good character, and which application was *denied*. As to each such application, state the name and address of the authority to whom it was addressed, date application was made, and the reasons for denial.

- b. Have you ever held a license or certificate the procurement of which required proof of good character which license or certificate was *revoked* or *suspended*? Yes No
 If Yes, as to each such license or certificate, please state the date it was revoked or suspended, and the name and address of the issuing and revoking authority.

15. Have you ever used/been addicted to or dependent upon the use of prescription narcotic medication(s), illegal street drugs, and/or alcoholic beverages? Yes No
 If Yes, please state the dates of abuse/addiction, type of drug, any rehabilitation and dates attended and/or completed, prescribing authority for prescription medications and for treatment of what health condition/ailment/symptom:

16. Have you ever been declared legally incompetent? Yes No

If Yes, please give full details as to Court, date and circumstances:

17. Have you ever received a diagnosis of any form of insanity, emotional/behavioral disorders, nervous or mental disorder or illness, or traumatic brain injury? Yes No

If Yes, please state the date of such diagnosis, name and address of the physician/psychologist/psychiatrist/therapist or other medical professional making such diagnosis:

18. Have you ever received *regular* treatment for any form of insanity, emotional/behavioral disorders, nervous or mental disorder or illness, or traumatic brain injury? Yes No

If Yes, please state the date of such treatment, name and address of the physician/psychologist/psychiatrist/therapist or other medical professional providing said treatment. *Regular treatment* shall mean consultation with any such medical professional more than two times within any 12 month period.

19. a. Have you ever been a suspect or a victim of a Domestic Incident/Violence? Yes No

b. Has any law enforcement agency ever responded to your location for a disturbance, disagreement, argument, fight, or other altercation between members of the same household, regardless if you or someone else notified the police? Yes No

c. Have you ever been named a Petitioner or Respondent in a Family Court proceeding? Yes No

d. Have you ever had Child Protective Services respond to your residence for a report of maltreated, neglected or endangered child(ren)? Yes No

e. Have you ever been a Petitioner, Respondent, or Protected Person in an Order of Protection?
 Yes No

If Yes to any of the above, please provide dates, locations, law enforcement agency investigating, names of any parties involved, type and location of court proceeding and findings of any CPS and/or LE investigation. This information must be disclosed regardless of when the incident(s) occurred, whether it resulted in an arrest or not, or an Order of Protection was issued or not. *Attach additional sheet if necessary*

20. Familiarity with firearms will be considered along with other factors in determining whether a permit shall be issued. Lack of familiarity in and of itself, will not necessarily disqualify an applicant.

Are you familiar with the safe handling of a firearm? Yes No

If yes, check the appropriate source/background of your familiarity:

_____ Military/Law Enforcement Experience

_____ Valid Hunting License: List State of issuance and date of expiration _____

_____ Hunter's Safety Course; List location/date of completion _____

_____ Other: _____

21. Do you possess a valid/current concealed carry/pistol permit/firearms license from any other state?

Yes No

If Yes, list the state of issuance, date issued, date of expiration, and any identification number of the permit:

22. Do you have family members/spouse/adult children with a valid NYS pistol permit (regardless of where it was issued)? Yes No

If Yes, who and what county/state is it issued? _____

23. a. Are there firearms (long guns and/or pistols) in your home currently? Yes No

If Yes, please check all types of firearm(s) in your home:

Rifle(s) Shotgun(s) Pistol(s)

b. Part of the safe-handling of firearms includes the safe storage of such property. If someone were to be injured or killed as a result of the intentional negligent, reckless, unsafe storage of firearms or someone not lawfully able to possess or control firearms obtains such access or control, you may be held liable, whether civilly or criminally. How are firearms currently stored in your home, regardless of whether or not you handle/fire/own them?

_____ Fireproof Safe/Box; Located in Room: _____

Who has Access? _____

_____ Metal/Wood/Glass Box/Cabinet; Located in Room: _____

Who has access? _____

_____ Locked Closet/Arms Room; Located in Room: _____

Who has access? _____

_____ Other (i.e. under bed, carrying case, unsecured closet, etc.); Located in Room: _____

Who has access? _____

24. Please state specifically why you want to be issued a pistol permit and what use you have for a pistol?

I understand this questionnaire is a continuing questionnaire and must give correctly and fully the information herein sought as of the date of my licensing. I will, therefore, before such licensing, notify the Court, by filing an amendment to this affidavit (form provided upon request), as to any change in respect to any matter regarding which information is herein sought, and as to any incident which may have any bearing upon any information herein sought.

Applicant's Signature

STATE OF NEW YORK)
COUNTY OF JEFFERSON) SS:

_____, being first duly sworn, says:
Applicant's Full Name

I have read the foregoing questions and have answered the same fully and frankly. The answers are complete and true to my own knowledge. I have written the answers or they have been written under my supervision.

Applicant's Signature

Sworn to and subscribed before me this
_____ day of _____, 20_____

Notary Public
My Commission expires: _____, 20_____

WARNING

This application contains the following question:

HAVE YOU EVER BEEN ARRESTED, CHARGED, OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)?

In accordance with Penal Law §400.00[1], your application **MUST** be denied if any statements in your application are not true. This also means, if you fail to disclose information on your application, your application must be denied.

Your failure to honestly and truthfully provide correct and accurate answers to this question could result in your application for a Pistol Permit being denied.

Further, failing to honestly and truthfully provide correct and accurate answers could result in your being charged with a misdemeanor or felony offense.

Your criminal history will be obtained by the investigating police agency.

All involvement of a criminal nature with a court must be reported. This includes charges made by actual police arrest, summons, ticket or any other method.

Your obligation to report involvement of a criminal nature with a court must be reported regardless of whether the charges(s) were dismissed, sealed, granted an Adjournment in Contemplation of Dismissal, and/or granted youthful offender status and despite your age being less than 18 at the time of arrest.

If you are unsure of the underlying facts you should contact the court involved or the police agency making such arrest and seek the information allowing you to correctly answer the question.

If your application is denied for failure to disclose information, you will be **prohibited from re-applying for a period of three (3) years** and, even after that three year period, depending upon the information that was not disclosed during the initial application process, your application may still be denied.

I have read the foregoing and under penalty of perjury I acknowledge and accept my legal responsibility to honestly and truthfully provide correct and accurate answers to this question.

Sworn to and subscribed before me this
_____ day of _____, 20____

Applicant Signature

Notary Public
My Commission expires: _____, 20____

**Jefferson County Sheriff's Office
Pistol Permit Investigations
753 Waterman Drive
Watertown, NY 13601**

315-786-2711 – Office

315-786-2743 - Fax

Family Court Privacy Consent Form

Complete one form for each County Family Court in which you have had proceedings

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

Date: _____

Signature

Print Full Name

Previous last name(s) if applicable:

SS#: _____ - _____ - _____

Date of Birth _____

Family Court Use Only

RECORDS: Yes SEE ATTACHED

No

NAME _____

DATE _____

**Jefferson County Sheriff's Office
Pistol Permit Investigations
753 Waterman Drive
Watertown, NY 13601**

315-786-2711 – Office

315-786-2743 - Fax

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 appropriate New York State authority which is the investigation agency of Jefferson County Sheriff's Office, to determine my fitness for a pistol license.

Date: _____

Signature

Print Full Name

Social Security #

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*)



Jefferson County Sheriff's Office

753 Waterman Drive
Watertown, New York 13601



Colleen M. O'Neill
Sheriff

Brian R. McDermott
Undersheriff

Character Reference Questionnaire

To be completed by the Character Reference for the Pistol Permit Applicant.

Character Reference - Complete each question truthfully to the best of your knowledge. Sign/Notarize the form after completing and return to the Applicant promptly. You may be contacted by the Pistol Permit Investigator for further discussion and/or verification of information.

Reference's First Name	M.I.	Reference's Last Name	Date of Birth ____/____/____	Day Time Phone #
Street Address (No PO Box)		City/Town	State	Zip Code

Applicant's Name: _____

It is my opinion the applicant named above is a person of good moral character, not convicted of a crime or "serious offense," not had a pistol permit revoked, not disqualified by reason of mental illness, not disqualified pursuant to an order of protection and is a person whom no good cause exists for the denial of the permit. I affirm that the applicant has a demeanor and temperament to safely and responsibly possess and carry a pistol. I understand law enforcement and court personnel are relying on my vouching for the Applicant. I understand it is a crime to knowingly make a false claim punishable by one year in jail or a \$1,000.00 fine pursuant to Penal Law §175.25. I further understand that false statements made may impact my present or future rights to possess a pistol in New York State.

- How long have you known the Applicant? _____ In what capacity do you know the Applicant? _____
- What family/social/work activities have you participated in with the Applicant? _____
- What specific knowledge/skills/education/accomplishments/achievements are you familiar with of the Applicant? _____
- What is the attitude of the Applicant in family/social/work environments? _____
- Does the applicant use/consume drugs and/or alcohol? _____ If yes, how much? _____
- Has the applicant ever threatened or acted in a way to harm or kill themselves or someone else? _____
- List any first or second hand accounts of unlawful, reckless, or dangerous conduct which you are aware of involving the Applicant: _____

Sworn to and subscribed before me this
_____ day of _____, 20____

Reference Signature

Notary Public
My Commission expires: _____, 20____

Administration: (315) 786-2660
Civil Office: (315) 786-2714
Law Enforcement: (315) 786-2671



Records Office: (315) 786-2710
Corrections: (315) 786-2688
Pistol Permits: (315) 786-2711



Jefferson County Sheriff's Office

753 Waterman Drive
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