

**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
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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_____