

**PUTNAM COUNTY SHERIFF'S DEPARTMENT
PISTOL LICENSE APPLICATION INSTRUCTIONS
(Updated – 05/29/2019)**

The Putnam County Pistol Permit Application packet consists of the following:

1. One (1) 3 page Applicant Questionnaire
2. Two (2) New York State Applications

Applicants **must** be at least 21 years of age and reside in Putnam County for a minimum of six (6) months. (No age restriction applies to applicants who have 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.) **Excluding** police and peace officers, all applicants **must** take a handgun safety course **prior** to submitting this application. (Police and peace officers **must** submit a copy of departmental ID card and a certificate of service letter.)

These forms **must** be prepared by typing or clearly printing in black ink only. Read these instructions before completing in order to minimize errors. **ALL QUESTIONS MUST BE ANSWERED.** Falsification of this application is a felony, which could lead to your arrest. If the application is not completed according to the instructions, it **WILL BE RETURNED.** You should submit a detailed statement indicating the type of license that you are requesting as the reason or purpose for justifying the issuance of the license. The Applicant Questionnaire and the New York State Applications **must** be notarized.

Four (4) character references are required. References **must not** be family members, **must** be citizens of the United States and **must** be at least 21 years of age. Each reference must personally know the applicant for a minimum of **five (5) years** and should possess all relevant knowledge about the history of the applicant to adequately respond to the questionnaire. Each reference (4) **must** sign the questionnaire and New York State Forms in the appropriate space. This must be done within 30 days of submission of your application. Four (4) **stamped** envelopes addressed to your references **must** be submitted with this application (Please do not put a return address on the envelopes). If the reference letters are not returned to the Putnam County Clerk's Office at 40 Gleneida Ave., Room 102, Carmel, NY 10512 **WITHIN 60 DAYS** of receipt of the application, the entire application **WILL BE REJECTED.**

ARREST INFORMATION

You **must** indicate all arrests (including DWI and DWAI) **whether convicted or not, sealed or adjourned contemplating dismissal.** *New York State law provides the authority for the Licensing Officer to inquire into the facts underlying the arrest of an applicant, even if the arrest was terminated in his/her favor.* You **must** provide a court disposition for each arrest listed and submit the disposition(s) with this application. Failure to list an arrest will result in the disapproval of your application.

TYPES OF CARRY LICENSES

Hunting and Target – Firearm may be carried at an authorized range or while actually hunting in a legal area in New York State or traveling thereto and therefrom. For hunting you must also possess a valid New York State hunting license.

Sportsperson – Firearm may be carried while actually engaged in the sport related activities of Target Shooting, Hunting, Hiking, Camping and Fishing, or traveling thereto and therefrom.

Business Purposes – Firearm may only be carried while actually engaged in conducting business for which the license was issued or traveling directly thereto or therefrom. (Requirements for a business carry license follows.)

Unrestricted Carry – You must be a police officer or peace officer (active or retired) or you must show "*additional proper cause*" to qualify for this endorsement. "*Additional proper cause*" is determined by a review of all relevant information of your claimed need, and generally is established by demonstrating a need for self-protection distinguishable from that of the general community or other circumstances justifying the granting of an unrestricted license.

BUSINESS CARRY REQUIREMENTS

- 1) A letter on business stationary stating:
 - a. Name of the business
 - b. Location of the business
 - c. Type of business
 - d. Number of years the business has been in existence
 - e. Specific reasons a business carry license is necessary
- 2) A letter from your employer stating your need to carry a weapon for business purposes (if necessary).
- 3) A copy of the business certificate (D/B/A), Certificate of Incorporation, or Certificate of Formation of LLC.
- 4) A Copy of bank statements for the most recent three months (if you make bank deposits for the business).

If you are applying for a license to carry for business purposes, the aforementioned paperwork **must** be submitted with your application.

IDENTIFICATION / PROOF OF RESIDENCE

You **must** submit a copy of your driver's license and a copy of a utility or tax bill with your application.

CITIZENSHIP

You **must** submit a copy of your birth certificate or passport. If you were born in a foreign country and have become a United States citizen, you **must** provide a copy of your Certificate of Naturalization or passport with your application. If you are a resident alien, you **must** provide a copy of your Alien Registration Card with your application.

PHOTOGRAPHS

At least three (3) photographs must be submitted (photographs must be passport size (2x2) and actual photos not photocopies). They can be black and white or color. Photographs can be taken by the Putnam County Clerk at a cost of \$20 (cash or checks made payable to Putnam County Clerk).

NOTARY

The Applicant Questionnaire and the New York State Applications **must** be notarized. For your convenience, the Putnam County Clerk's office does have a notary on staff at no additional cost.

When your application is complete and you have all the necessary paperwork, you **MUST BRING THE APPLICATION TO THE PUTNAM COUNTY CLERK AT 40 GLENEIDA AVENUE ROOM 102, CARMEL, NY 10512.**

The Putnam County Sheriff's Department will contact you to schedule an appointment for fingerprinting at a later date (allow 10-12 months). The fee for fingerprinting is **\$88.25 (postal money order only)** made payable to **PUTNAM COUNTY COMMISSIONER OF FINANCE**. (No other type of payment will be accepted.) Postal money order **must** be submitted with your application.

QUESTIONS

If you have questions or need assistance completing your application, call (845) 808-4321.

HANDGUN SAFETY COURSE

The Putnam County Sheriff's Department conducts a handgun safety course once a month. The class is given on a weekday evening from 7:00 p.m. – 10:00 p.m. There is a \$45 fee for the course (postal money order only) made payable to **PUTNAM COUNTY COMMISSIONER OF FINANCE**. Payment must be received by the Putnam County Sheriff's Department at least **five (5) business days** prior to attending the course, or attendance will not be permitted. **REGISTRATION IS REQUIRED AND SPACE IS LIMITED**. Please visit our website at www.putnamsheriff.com for details.

Please note that to be exempt from this requirement you must be a police officer or a **firearm trained peace officer**.

BUSINESSES THAT OFFER A HANDGUN SAFETY COURSE

Please consult the telephone directory or internet to obtain information about local firearms dealers and/or certified NRA instructors who offer a handgun safety class (with or without live fire training).

CHECK LIST

- 1) **Application questionnaire** – complete, signed by references and notarized.
- 2) **Detailed justification letter** as proper cause for permit.
- 3) **Postal money order** for \$88.25 payable to Putnam County Commissioner of Finance.
- 4) **Three (3) Passport photos**
- 5) **Four (4) stamped envelopes** addressed to your character references (no return addresses).
- 6) **Copy of proof of a handgun safety course** (or ID card if you are a police or **firearm trained peace officer**).
- 7) **Copy of your driver's license and utility bill or tax bill.**
- 8) **Court disposition(s)** (if applicable).
- 9) **Business carry paperwork** (if applicable).
- 10) **Copy of Birth Certificate, Certificate of Naturalization or passport.**
- 11) **Copy of Alien Registration Card** (if applicable).
- 12) **Copy of handgun receipt(s)** (if applicable), C-Forms, or other official documents (listing your weapons) from your department.
- 13) **Two (2) State of New York Pistol/Revolver License Applications:**
 - Both applications must have **character references original signatures**.
 - Do **not** cross out, white out or spill anything on these applications.
 - Do **not** write in the sections above your name.

DO NOT BRING YOUR APPLICATION TO THE CLERK'S OFFICE UNTIL IT IS COMPLETE.

**PUTNAM COUNTY SHERIFF'S DEPARTMENT
PISTOL LICENSE APPLICANT QUESTIONNAIRE**

Last Name: _____ First: _____ (Full) Middle: _____

Maiden Name: _____ Aliases: _____
(i.e., previous married name or a/k/a)

Have you resided in Putnam County for at least 6 months? YES _____ NO _____

Residence Address: _____

Mailing Address (if different): _____

Previous Address: _____
(if less than 10 years at your present address)

Home Phone Number: () _____ - _____

Cell Phone Number: () _____ - _____

Date of Birth: _____ / _____ / _____ Age: _____ Male: _____ Female: _____
(mo) (day) (year) (check one)

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
(feet/inches) (pounds) (do not abbreviate)

Race: _____ Social Security Number: _____ - _____ - _____
(White, Black, Asian, Native American)

Ethnicity: _____ NYS Driver's License Number: _____
(Hispanic, Non-Hispanic, Other)

Are You a United States Citizen? _____ State of Birth: _____
(Yes or No)

Country of Birth: (if other than US) _____

Alien Registration Number (if applicable): _____

Current Employer: _____
(Do not leave blank. State if you are retired, unemployed, homemaker, student, disabled, etc.)

Employer Address: _____

Occupation: _____ Nature of Employment: _____
(i.e., Teacher) (i.e., Education)

Business Phone Number: () _____ - _____

Type of License You are Applying for: _____
(See page 1 of instructions for license types)

Give four (4) character references who, by their signature, attest to your good moral character. Each character reference must be 21 years of age or older. Each reference must personally sign the form. (Print clearly.)

Last, First, MI	Street Address	City, State, Zip Code	Signature

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)? NO _____ YES _____ (if yes, furnish the following information. Information MUST be complete. Dispositions MUST be provided.)

Date	Police Agency	Charge	Disposition	Court and Date

(Attach additional sheet, if needed. Date of arrest(s) and disposition date(s) must be month/day/year.)

- Have you ever been terminated/discharged from any employment or the armed forces for cause? YES__ NO__
- Are you a fugitive from justice? YES__ NO__
- Have you ever renounced your citizenship to the United States of America? 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 or have you had a guardian appointed because of a lack of mental capacity? 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 cancelled? 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: _____

(Attach additional sheet, if needed.)

List all handguns in your possession (if applicable). DO NOT leave any sections blank. You must provide the appropriate paperwork for each handgun listed (i.e., copy of bill of sale, C-form(s), firearms voucher, expired permit, etc.) You are not required to purchase a handgun prior to issuance of a pistol permit.

MANUFACTURER	PISTOL/REV	CAL	SERIAL #	MODEL	PROPERTY OF

(Attach additional sheet, if needed.)

If you plan on owning handgun(s), it is strongly recommended that you purchase a safe for storage and a lock box for travel.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

By executing this application, the applicant does hereby authorize and grant full disclosure of all records concerning applicant to the Putnam County Sheriff's Office, regardless of whether such records are public, private, sealed or confidential.

The intent of this authorization is to grant consent to full and complete disclosure of any and all records concerning applicant. This includes, but is not limited to, records pertaining to education, medical and/or psychiatric history and treatment, records of the United States armed Forces or military, records related to past or current employment and pre-employment, to include background reports, efficiency ratings, evaluations, complaints or grievances filed by or against applicant.

Applicant certifies that any person or agency who may furnish any such information concerning applicant shall not be held liable or accountable for providing this information and applicant hereby releases any such person or agency from any liability on account of having provided such information. Applicant further releases the Putnam County Sheriff's Office from any and all liability on account of having collected, used or disseminated such information.

Applicant has read and fully understands the contents of this Authorization for Release of Personal Information

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL SIGNATURE.

STATE OF NEW YORK
COUNTY OF PUTNAM

I _____ being duly sworn, depose and say that I am the above named person and I have signed the foregoing statement.
I have personally read and answered all questions therein and I do solemnly swear that every answer is full, true, and correct in every respect.

Sworn to me this _____ Day of _____, _____

(NOTARY STAMP)

SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY/WITNESS

INSTRUCTIONS: Print or type in black ink only

NYSID Number		PPB 3 (Rev. 08/17)		County of Issue			
License Number		STATE OF NEW YORK PISTOL /REVOLVER LICENSE APPLICATION		Code			
Date of Issue	Month			Day	Year	Expiration Date	Month

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

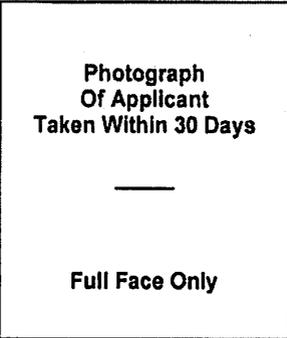
Are you a fugitive from justice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an alien illegally or unlawfully in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> 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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever renounced your United States citizenship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever suffered any mental illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been involuntarily committed to a mental health facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had a pistol / revolver license revoked?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you aware of any good cause for the denial of the license?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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



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 Kelly Kelleher Rank Pistol Permit Clerk Organization Putnam Co. Sheriff

Date Submitted _____

Investigation Report – All information provided by this applicant has been verified:

Name Jon T. Jennings Rank Captain Organization Putnam Co. Sheriff

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. 6.

This form is approved by Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

INSTRUCTIONS: Print or type in black ink only

NYSID Number				PPB 3 (Rev. 08/17)				County of Issue			
License Number				STATE OF NEW YORK PISTOL /REVOLVER LICENSE APPLICATION				Expiration Date			Code
Date of Issue		Month	Day					Year	Month	Day	Year

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			
Employed By				Present Occupation				Nature of Business			

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

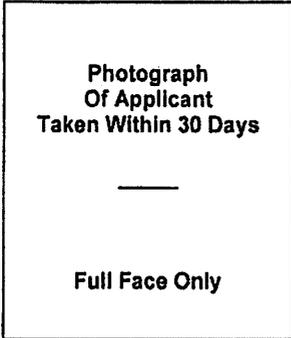
Are you a fugitive from justice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an alien illegally or unlawfully in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> 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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever renounced your United States citizenship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever suffered any mental illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been involuntarily committed to a mental health facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had a pistol / revolver license revoked?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you aware of any good cause for the denial of the license?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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



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 Kelly Kelleher Rank Pistol Permit Clerk Organization Putnam Co. Sheriff
Date Submitted

Investigation Report - All information provided by this applicant has been verified:

Name Jon T. Jennings Rank Captain Organization Putnam Co. Sheriff
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:

Table with 7 columns: Manufacturer, Pistol / Revolver / Single Shot, Model, Frame Only, Caliber(s), Serial Number, Property Of. Contains 4 rows of data.

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.



PUTNAM COUNTY CLERK'S OFFICE

County Office Building
40 Gleneida Avenue
Carmel, New York 10512
Tel. (845) 808-1142
Fax. (845) 228-0231

MICHAEL C. BARTOLOTTI
County Clerk

JAMES J. McCONNELL
First Deputy County Clerk

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: _____ Zip _____
Firearms License # (if applicable) _____ Date Issued: _____
Licensing Authority/County of Issuance of Application: _____

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 of 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.

Date: _____