

**READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.**

- 1) YOU MUST BE 21 YEARS OF AGE TO APPLY, UNLESS YOU HAVE BEEN HONORABLY DISCHARGED FROM THE MILITARY.
- 2) PRINT OR TYPE WITH **BLACK INK ONLY**, STARTING WITH THE LAST NAME. **DO NOT FILL IN LICENSE #, NYSID#, COUNTY OF ISSUE OR EXPIRATION DATE OR DATE OF ISSUANCE** YOU MUST COMPLETE THE (2) ATTACHED ORIGINAL APPLICATIONS. COPIES OF THE APPLICATIONS WILL NOT BE ACCEPTED.
- 3) IF YOU ARE A RESIDENT OF ALLEGANY COUNTY. YOU WILL BE REQUIRED TO PROVIDE PROOF OF RESIDENCY WITH A NY STATE DRIVERS LICENSE WITH YOUR **PHYSICAL ADDRESS (PO BOXES ARE NOT ACCEPTABLE)** AND/OR A VOTER REGISTRATION CARD. NO OTHER FORM OF PROOF WILL BE ACCEPTED. IF YOU ARE NOT A FULL TIME RESIDENT OF ALLEGANY COUNTY, YOU MUST SUBMIT PROOF OF EMPLOYMENT IN ALLEGANY COUNTY (WHICH REQUIRES YOU TO CARRY A WEAPON) OR OF OWNERSHIP OF A PART-TIME RESIDENT IN ALLEGANY COUNTY.
- 4) **PHYSICAL RESIDENCE ADDRESS IS REQUIRED ON THE APPLICATION.** INCLUDING HOUSE NUMBER, STREET NAME, TOWN/VILLAGE AND ZIP CODE. IF YOU RECEIVE YOUR MAIL AT A PO BOX THAT SHOULD BE NOTED IN THE MAILING ADDRESS SECTION.
- 5) **FOUR CHARACTER REFERENCES** MUST SIGN **BOTH** APPLICATION FORMS AND PROVIDE PHYSICAL AND MAILING ADDRESS. A REFERENCE LETTER WILL BE MAILED BY OUR OFFICE TO EACH OF THE REFERENCES LISTED ON YOUR APPLICATION. YOUR REFERENCES CANNOT BE RELATED TO YOU BY BLOOD OR BY LAW, OR EMPLOYEES OF THE ALLEGANY COUNTY SHERIFF'S OFFICE. **THEY MUST BE ALLEGANY COUNTY RESIDENTS.**
- 6) DO NOT COMPLETE THE REVERSE SIDE OF THE APPLICATION EXCEPT TO ENTER ANY PISTOLS THAT YOU WISH TO HAVE REGISTERED WHEN/IF YOUR PERMIT IS ISSUED (if you have more than four weapons, ask for the second page at the time of your appointment and you can complete it at that time)
- 7) **TWO (2) PHOTOGRAPHS** ARE REQUIRED. IF YOU WISH, THE PHOTOS CAN BE TAKEN AT THE SHERIFF'S OFFICE AT THE TIME OF YOUR APPOINTMENT FOR A FEE OF \$10.00 (CASH ONLY) PASSPORT PHOTOS ARE THE CORRECT SIZE AND QUALITY AND CAN BE OBTAINED FROM THE ALLEGANY COUNTY CLERK'S OFFICE, OR ANY PLACE THAT TAKES PASSPORT PHOTOS. (WALMART / WALGREENS/ RITEAID/ POST OFFICE) COMPUTER GENERATED PHOTOS OR POLOROID PHOTOS ARE NOT ACCEPTABLE.
- 8) LIST ANY AND ALL ARRESTS YOU HAVE HAD, INCLUDING D.W.I., D.W.A.I., AND ANY YOUTHFUL OFFENDER ARREST EVEN IF YOU WERE TOLD THE RECORD WOULD BE SEALED. ALL ARRESTS ARE MADE AVAILABLE TO THE SHERIFF AND JUDGE FOR REVIEW WHEN A PERSON APPLIES FOR A PISTOL PERMIT.
- 9) **APPLICATIONS ARE PROCESSED BY APPOINTMENT ONLY.** AFTER YOU HAVE COMPLETED THE TWO ORIGINAL APPLICATIONS, CALL **585-268-9204** TO SET UP YOUR APPOINTMENT. YOUR FINGERPRINTS WILL BE TAKEN AT THE TIME OF YOUR APPOINTMENT. YOU CANNOT BE FINGERPRINTED FOR THIS PROCESS BY ANY OTHER POLICE AGENCY.
- 10) THE FOLLOWING FEES ARE REQUIRED AT THE TIME OF YOUR APPOINTMENT:  
**NO CHECKS OR CREDIT OR DEBIT CARDS ACCEPTED**  

<b>A)</b>	<b>\$88.25 CASH</b>	<b>FINGERPRINT FEE</b>
<b>B)</b>	<b>\$ 5.00 CASH</b>	<b>COUNTY APPLICATION FEE</b>
	<b>TOTAL</b>	<b>\$93.25 (\$103.25 if we take your photos)</b>
- 11) SIGN YOUR APPLICATION ON THE SIGNATURE OF APPLICANT LINE (middle left back side). If you can find a notary, have your application notarized. If you can not find a notary, there is one at the Sheriff's Office when you come in for your appointment.

(01/01/2019)

**NOTE: PISTOL PERMIT APPLICATION (PPB-3) MUST BE PRINTED OUT TWO SIDED ON ONE SHEET OF PAPER. 2 COPIES ARE REQUIRED.**

A basic one session ( 4 + hour ) fundamental course that covers the basics of owning and handling a handgun.

**Available course dates will be provided when you call to register.**

For further information on available courses, please use the following contacts:

**Sam Patello**

**585-268-7322**

**Delta**

**Firearms**

**Training.com**

**3274 State Route 244**

**Belmont, New York 14813**

More information is available at their Web Site!

[www.deltafirearmstraining.com](http://www.deltafirearmstraining.com)

OR

**David Black**

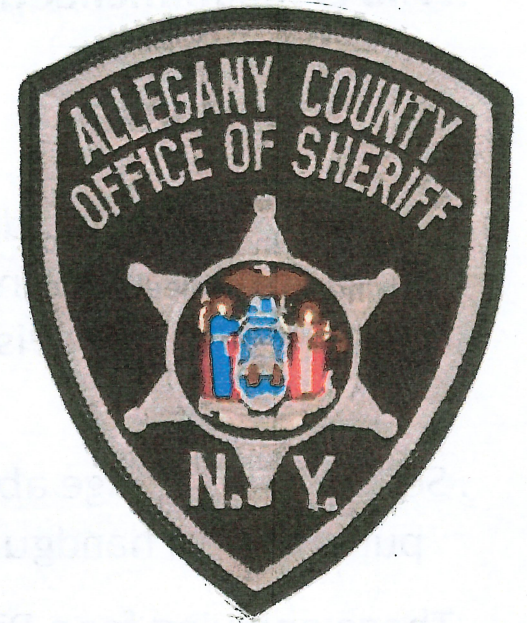
**NRA Certified Instructor**

**Basics of Home Firearm Safety**

**Basics of Pistol Shooting**

**585-437-2032**

**HANDGUN SAFETY  
TRAINING COURSE  
(FUNDAMENTALS COURSE)**



**Recommended for all new Allegany County Pistol Permit applicants and available to all current Pistol Permit holders.**

## Handgun Safety Training Course

Endorsed by the Allegany County Sheriff's Office

Who is recommended for this course:

- . Allegany County residents in the process of applying for an Allegany County Pistol Permit
- . Seeking knowledge about purchasing a handgun
- . Those applying for a Pistol Permit
- . Current permit holders wanting a refresher course

## SUBJECTS COVERED

- . Firearm safety and responsibility, inside and outside the home
- . Handgun knowledge and safe handling
- . Basic ammunition knowledge
- . Fundamentals of handgun shooting
- . Important factors for selecting and purchasing a handgun
- . **Overview of NY State laws covering handgun OWNERSHIP**

The fee for the course is :  
\$45.00

(non-refundable)

### COVERS:

- . Course of instruction
- . Use of firearms

### Requirements:

- . Must be at least 21

. **NO FELONY CONVICTIONS**

. **Current government issued Photo ID**

. **NO LIVE AMMUNITION IN CLASS**

. **DO NOT BRING A FIREARM TO THE COURSE**

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

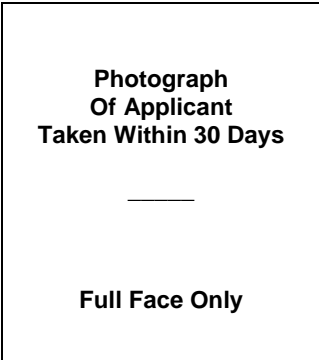
- Are you a fugitive from justice?  YES  NO
- Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?  YES  NO
- Are you an alien illegally or unlawfully in the United States?  YES  NO
- Are you an alien admitted to the United States who does not qualify 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



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:

Table with 7 columns: Manufacturer, Pistol / Revolver / Single Shot, Model, Frame Only, Caliber(s), Serial Number, Property Of. Includes checkboxes for Frame Only.

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.

NYSID Number
License Number
Date of Issue (Month, Day, Year)

PPB 3 (Rev. 06/17)
STATE OF NEW YORK
PISTOL /REVOLVER LICENSE APPLICATION

County of Issue
Expiration Date (Month, Day, Year)
Code

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.

Last Name, 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 (YES/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)

A license is required for the following reasons:

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

Table with 3 columns: 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:

Table with 6 columns: Arrest Date, Police Agency, Charge, Disposition Date, Disposition Court, Disposition

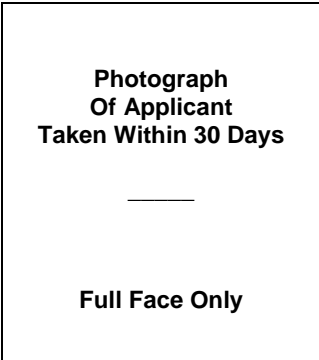
Are you a fugitive from justice? YES/NO
Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? YES/NO
Are you an alien illegally or unlawfully in the United States? YES/NO
Are you an alien admitted to the United States who does not qualify for the exceptions 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
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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



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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

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Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_
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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)

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Table with 7 columns: Manufacturer, Pistol / Revolver / Single Shot, Model, Frame Only, Caliber(s), Serial Number, Property Of. It contains four rows for data entry.

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.