

# Application Checklist

PISTOL CLERK



DELAWARE COUNTY SHERIFF'S OFFICE

NOTE: All items **MUST** be turned in along with this checklist showing you have completed all requirements listed. Once you start the process, you have **6 MONTHS** to complete it. After 6 months, any invalid item will have to be replaced. Please be sure to check off items as they are completed. [This checklist also needs to be submitted with your application packet]

- BOTH applications must be completely filled out in BLACK INK OR TYPED.  
(Photo can be taken and signature can be notarized at the Pistol Clerk's Office.)
- ONE fingerprint receipt from IdentoGo.
- All 4 reference forms have been completely filled out, signed and notarized, including PHYSICAL ADDRESS (NO PO BOXES ACCEPTED) and a working phone number. (A clear copy of driver's license for each character reference is required.)
- NYS Firearms License Request for Public Records Exemption
- Copy of current driver's license or NYS Non-Driver ID
- Copy of all vehicle registration(s). (In applicant's name only)
- Copy of current school tax bill indicating whether or not you have the Basic Star Program on the current property. (If you rent the property or your name is not on the tax bill at the address given, then you must provide the attached **Proof of Residency form**. If you live at home with family members, you must provide a copy of their school tax bill and indicate whom the owners are.)

NOTE:

- If you live outside of New York State, Please include a copy of your firearms license from that state.

SPECIAL NOTE:

- After your application packet clears the background check, you will be notified to schedule your required safety course. Please refer to the Safety Course Instructions.

ADDITIONAL NOTES:

---

---

---

Call the Pistol Clerk at 607-832-5461 to set up an appointment to turn in the completed checklist and require paperwork.

# Application Instructions

PISTOL CLERK



DELAWARE COUNTY SHERIFF'S OFFICE

**NOTE: As of 9/1/2022, you will be REQUIRED to COMPLETE and SUBMIT a Delaware County Pistol Permit Application Packet to the Pistol Clerk prior to signing up and/or taking a Safety Training Course. Please call the Pistol Clerk at 607-832-5461 to set up an appointment.**

1. You **MUST** be 21 years of age to apply.
2. Your primary residence or principal place of employment **MUST** be Delaware County.
3. If you live outside of New York State, but own a home in Delaware County, your school tax receipt **MUST** show your name on it.
4. Questions not answered truthfully may be cause for denial of the application by the Delaware County Judge.
5. No pistol license will be approved for a person disabled by conviction of a felony or a serious offense.
6. All pistols and revolvers in the possession of an unlicensed person **MUST** be turned in to a police agency until such time as a license has been issued.
7. **TWO** (2) ORIGINAL applications must be completed (NO COPIES). **BOTH** applications must be completed in their entirety in BLACK INK ONLY or TYPED.
8. **Start** filling out the NYS Application at **LAST NAME**, found in the **Personal Information Section**.
  - a. All applicable fields **MUST** be completed.
  - b. The Pistol Clerk will complete all fields in the Licensing Office Section.
9. Do NOT abbreviate the names of the cities/villages.
10. List your physical address and mailing address separately.
11. If you are a non-resident applicant, list your Delaware County address as your physical address and your out of state residence as your mailing address.
12. You must complete the MARITAL STATUS and RELATIONSHIPS as well as the SOCIAL MEDIA ACCOUNTS **ONLY** if applying for a **Carry Concealed** Permit.
13. If you are currently unemployed and applying for a pistol license, this must be noted on the application.
14. If you answer "yes" to the arrest question, please list to the best of your knowledge the year(s), the police agency, the charge, the disposition date, the disposition, along with the location of the disposition. Even if it was dismissed or a Y.O. – you **MUST** put it down.
15. If your address or place of employment changes after your application has been submitted and your license has not been issued yet, notify the Pistol Clerk of the change.

# Application Instructions

PISTOL CLERK



DELAWARE COUNTY SHERIFF'S OFFICE

16. **FOUR** (4) character references which you have known personally for FIVE (5) years must be submitted. References may NOT be relatives, police personnel, court officers or two people from the same family. References MUST be residents of New York State. References MUST personally sign BOTH applications and ONE (1) of the character reference forms. The form is included in your packet. These forms will need to be filled out by the references, signed in front of a notary public, and include a copy of their driver's license.
17. Submission of your TWO (2) applications must include all of the required items listed on the Application Checklist.

## **FINGERPRINTING INFORMATION**

18. The fingerprints are now being done electronically. You will need to schedule an appointment for fingerprinting by going online to <https://uenroll.identogo.com> or by calling the L-1 toll free call center at (877)-472-6915. Appointment scheduling via the website is available 24/7/365. Appointment scheduling via the call center is available 9am-9pm, Monday through Saturday. If you are scheduling your appointment online, we recommend that you print out or save the confirmation page and bring this to your appointment.
19. You will be asked for a service code when scheduling your appointment. The Pistol Clerk's Service Code is (**#158B2R**).
20. You will select the most convenient location to get fingerprinted as part of making your appointment. A list of available locations can be found online by visiting <https://www.identogo.com/locations> and entering in either New York or the zip code of your home location.
21. Payment options include: personal or business check, government check, certified check, bank check, money order, credit card or L-1 escrow account. Payment is made to "IDEMIA." You will need to check with the fingerprint location to find out the fee for the fingerprinting. The fee changes periodically.
22. You will need TWO (2) forms of identification (one of which must be a photo ID) when you go to your fingerprint appointment. During the scheduling of the appointment, the options for valid forms of identification are listed. If payment was not already submitted, you will need to submit payment at that time as well. The service code of (**#158B2R**) may be needed at the fingerprinting agency.
23. You will be provided TWO (2) receipts indicating your name, fingerprinting site location, date and time, fee paid and reason for fingerprinting.

**ONE (1) copy of your fingerprint receipt MUST be submitted with your application.**

# Application Instructions

PISTOL CLERK



DELAWARE COUNTY SHERIFF'S OFFICE

## SUBMITTING YOUR APPLICATION PACKET

24. Applications **MUST** be notarized.
25. The fee for the pistol license is \$20.00 and can be paid by **cash, check, or money order**. The check or money order **MUST** be made payable to the **"Delaware County Pistol Clerk."** This fee includes your photo.
26. Please contact the Pistol Clerk at 607-832-5461 to set up a time to come in and finish your application process or if you have any questions.

# Safety Class Requirements

PISTOL CLERK



DELAWARE COUNTY SHERIFF'S OFFICE

## Delaware County, New York – Safety Class Requirements Effective September 1, 2022

Do NOT schedule a Safety Training Class BEFORE  
reading all the instructions for the Delaware County Pistol Permit Application

Applicants must complete and submit in person to the Delaware County Pistol Clerk the application packet in its entirety **prior** to scheduling and/or taking any safety training course.

Your complete application packet will go through the background check that is conducted by the Delaware County Sheriff's Office. There is no set time limit that this will take to be completed.

Once the background investigation has been completed; if applicant can proceed with the application process; the applicant will be notified via certified mail that they can proceed to schedule the required safety training class. If applicant background check prohibits them from obtaining a permit, the applicant will receive a notice directly from the licensing authority (ie: County Court Judge).

### PLEASE NOTE:

No safety class certificate will be accepted if dated prior to the approval of the completed background check conducted by the Delaware County Sheriff's Office.

Applicants must complete the required safety training course and submit to the Pistol Clerk the original certificate of completion within the timeframe that also is in compliance with the 6 month limit for fingerprinting!!!

If safety training course certificate is submitted to the Pistol Clerk after the 6 month limit, applicant may be subject to an updated back ground investigation.

The Pistol Clerk and or designees will not be able to provide any referrals and or recommendations to any safety training courses that are available. It is your responsibility to find one that complies with the nys minimum standard requirements as established by DCJS and DSP.

# State of New York

## Pistol/Revolver License Application Semi-Automatic Rifle License Application

### THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	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.*

### Personal Information

Last Name		First Name		Middle Name	Suffix
Street Name (Physical Address)			Apt #	City	State Zip
Mailing Address (If Different than Physical)			Apt #	City	State Zip
Sex:	DOB:	Height: ft in	Weight:	Hair:	Eyes:
Social Security Number:		Race:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	Primary Phone #	Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business	
Business Address			Apt #	City	State Zip
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 #, Street Name, Apartment Number, City, State, Zip Code)			
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No)      Yes      No					
Give four character references who by their signature attest to your good moral character:					
Last, First, MI		Street Address (Street #, Name, Apartment #, City, State, Zip Code)		Signature	

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

**Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**

**CURRENT MARRIAGE OR RELATIONSHIP**

What is the Applicant's current relationship status?

If applicable, provide the requested information regarding the Applicant's current relationship below.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Do minors reside within the residence?      Yes                  No                  If, yes:                  Part Time                  Full Time

**ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN**

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

**Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**

**LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS**


**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including sealed arrests DWI (except traffic infractions)?  
 Sealed arrests must be included. \*Refer to Executive Law §296(16)

	Yes	No	If yes, furnish the following information:		
Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice?

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?

Are you an alien illegally or unlawfully in the United States?

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?

Have you been discharged from the Armed Forces under dishonorable conditions?

Have you ever renounced your United States citizenship?

Have you ever suffered any mental illness?

Have you ever been involuntarily committed to a mental health facility?

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?

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?

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?

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?  
*\*THIS QUESTION ONLY APPLIES TO CARRY CONCEALED*

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?

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?



**State of New York**  
**Pistol/Revolver License Application**  
**Semi-Automatic Rifle License Application**

**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 pistol/revolver 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 me before**

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      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:**

**\*\*\*List handguns only, do not list semi-automatic rifles.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of

**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.

# Handgun Permit Character Reference

PISTOL CLERK



DELAWARE COUNTY SHERIFF'S OFFICE

Name of Applicant:

I, , being duly sworn in, answer to the following questions, deposes, and says:

1. How long have you known the applicant?

2. What has been the nature of your association with the applicant?  
 Social  Business  Other:

3. What is the applicant's general reputation in the community?

4. Is the applicant a bona-fide resident of this country?  Yes  No

5. To your knowledge, has the applicant ever suffered any mental illness or been confined to any hospital or private institution for mental illness?  Yes  No

6. To your knowledge, has the applicant ever been arrested and/or convicted of any crime?  Yes  No

7. Do you consider the applicant a proper person to possess a firearms license?  Yes  No

8. Is the applicant of good moral character?  Yes  No

9. State your reason(s) why the applicant should be issued a license:

10. State any reason(s) why you feel the applicant should be denied a license:

- If it is necessary, your answers may be written on the back of this form.
  - A clear copy of Driver's License for Character Reference must be attached.
- Please return form to applicant or mail form to: Delaware County Pistol Clerk, 280 Phoebe Lane, Suite 1, Delhi, NY 13753

<i>[SIGNATURE OF CHARACTER REFERENCE]</i>	<b>JURAT:</b> STATE OF _____ COUNTY OF _____
DATE FORM SIGNED:	<i>[Notary Public]</i>    <i>[STAMP]</i>
DATE OF BIRTH:	
ADDRESS:	
HOME PHONE NUMBER:	
CELL PHONE NUMBER:	

# 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 \_\_\_\_\_

Firearms License # (if applicable) \_\_\_\_\_ Date Issued \_\_\_\_\_

Licensing Authority / County of Issuance or 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 or 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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Proof of Residency

PISTOL CLERK \_\_\_\_\_



DELAWARE COUNTY SHERIFF'S OFFICE \_\_\_\_\_

DATE: \_\_\_\_\_

TO: Whom It May Concern

RE: Notarized Proof of Residency

I, \_\_\_\_\_, landlord/owner of below said property, do hereby state that \_\_\_\_\_ has lived at \_\_\_\_\_ since \_\_\_\_\_.

\_\_\_\_\_  
*[SIGNATURE OF LANDLORD/OWNER]*

Jurat:

Signed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, New York.

\_\_\_\_\_  
*[SIGNATURE OF OFFICER ADMINISTERING OATH]*

\_\_\_\_\_  
*[TITLE OF OFFICER]*



*[STAMP]*

NOT VALID UNLESS SWORN