



PETER G. BARBER  
SUPERVISOR

DANIEL P. MCNALLY  
CHIEF OF POLICE

## NEW YORK STATE PISTOL PERMIT APPLICATION

### INSTRUCTIONS, PLEASE READ CAREFULLY

#### **REQUIREMENTS:**

- Applicant must be a resident of the Town of Guilderland, NY.
- Applicant must be over 21 years of age or honorably discharged from the United States armed forces.
- Applicant cannot have been convicted of a felony or serious offense.
- Applicant must have not suffered any mental illness or been confined to any hospital or institution public or private, for mental illness.
- Applicant must have not had a pistol license revoked or not be under a suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the NYSPL or section 842 of the Family Court Act.

#### **INSTRUCTIONS:**

1. Obtain a pistol license application packet directly from the Guilderland Police Department's Administrative Office from the hours of 9:00am-4:30pm Monday through Friday or on the Town of Guilderland's website at [www.townofguilderland.gov](http://www.townofguilderland.gov) or at [www.guilderlandpd.org](http://www.guilderlandpd.org).
2. Complete (2) two copies of the State of New York Pistol/Revolver License Application PPB-3 (single sided). All forms must be completed in **BLACK INK ONLY** and will not be accepted otherwise. Your four Personal character references must sign both copies of the PPB-3. **THE FINAL PAGE MUST BE SIGNED AND NOTARIZED ON BOTH PPB-3 FORMS.**
3. Complete the Guilderland Police Department Pistol License Application form (GPDPFF1). Please write the reason for your application on the back of the form.
4. Obtain a certificate of completion from an NRA certified basic pistol course. The course does not necessarily have to have been completed at one of the listed providers on the Albany County website, as long as the course is taught by a certified NRA instructor.
5. Obtain a certified New York Department of Motor Vehicles standard (not lifetime) Abstract of Driving Record. This can be obtained in person at any New York State Department of Motor Vehicles office in New York State or online at [dmv.ny.gov](http://dmv.ny.gov). There is a fee charged for this abstract.
6. If you are a former member of the US military, obtain a copy of your DD 214.
7. Obtain (2) passport size (2"x 2") colored photographs of you. Photographs must have a plain white or gray background.

**8.** Once all the above steps are completed, call (518) 356-1980 x1063 to make an appointment with an investigator for your interview. Bring all above items noted with you to your scheduled interview as well as identification (NYS Driver's License or US Passport).

**9.** Once interview is completed with an investigator, distribute your (4) Personal Character Reference forms (GPDPPF2) to your personal references. Write your name on the Applicant name line located at the top of the form before distributing them. Form must be completed in **BLACK INK ONLY. Personal Character Reference forms will not be accepted prior to interview.**

**10.** Make your appointment with IdentoGo for your DCJS and FBI fingerprint searches. Reservation information is found on the "Fingerprinting for Pistol Licensing" form. Please note that this step must be completed with every application with no exceptions. Fingerprints already on file with DCJS and the FBI are not acceptable.

**Note:**

Fingerprints and background investigations can take several months. Once application has been submitted, please do not call to check on the status of your application. Upon review, your application will be sent to the Albany County Clerk's Office. You may be personally summoned for an interview by an Albany County Court judge regarding your application. When your application is reviewed by an Albany County Court judge, you will be notified in writing by the Albany County Clerk's Office with further instructions. The application process may take up to a year until final completion.



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## Guilderland Police Department Pistol License Application (GPDPPF1)

### Applicant Personal Information:

Name of Applicant: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_

How long have you resided there: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

If you have resided there for less than five years at present address list former address:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Telephone Numbers: Cell: \_\_\_\_\_  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Marital Status: Single/Married/Divorced/Widowed

Spouse's name: \_\_\_\_\_ Do they have a pistol license? Y/N: \_\_\_\_\_

If previously married, provide

Name of ex spouse(s), \_\_\_\_\_

Address: \_\_\_\_\_

Length of marriage: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

List below any former name(s) you have been known by. Female applicants list maiden name and any former marriage names: \_\_\_\_\_

Names, dates of birth, and relation to you, of people with whom you reside:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names, addresses, and phone numbers of two neighbors:

1) \_\_\_\_\_

2) \_\_\_\_\_

Does anyone with whom you reside suffer from any mental illness or defect? If so, please name and explain:

\_\_\_\_\_

Has anyone with whom you reside ever been arrested? If so, please explain:

\_\_\_\_\_

Name of high school attended and address: \_\_\_\_\_

Home address while attending school:

\_\_\_\_\_

Have you ever served in any branch of the military? Y/N If so, what branch? \_\_\_\_\_

Length of service: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

**Employment Information:**

Name of Employer: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Time at Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone # \_\_\_\_\_

If employed at employer less than one year,

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone# \_\_\_\_\_

List any clubs, organizations, or shooting sports you are currently involved in.

\_\_\_\_\_

Do you have a New York State Hunting License? Y/N: \_\_\_\_\_

What Type(s)? \_\_\_\_\_

How long have you had this license? \_\_\_\_\_

If you currently hold a hunting license, you must include a copy of it with the application.

**On the back of this form, explain in detail you REASON FOR WANTING A PISTOL PERMIT. If you are requesting a pistol permit for employment purposes, it will be necessary for YOUR EMPLOYER TO SUBMIT TO THIS OFFICE A SIGNED AND DATED LETTER ON COMPANY STATONARY VERIFYING YOUR EMPLOYMENT AND A DATED LETTER ON COMPANY LETTERHEAD VERIFYING YOUR EMPLOYMENT AND FOR WHAT REASON YOU WILL BE REQUIRED TO CARRY A HANDGUN. This letter shall be presented when you turn in your application for processing.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## FINGERPRINTING FOR PISTOL LICENSING

**IMPORTANT:** Fingerprinting is required for every pistol license application. Previous fingerprints on file with DCJS or FBI cannot be used. You must complete new fingerprinting for this application.

### When to Schedule Your Appointment

Schedule your fingerprinting appointment **AFTER** you have completed your initial interview with the Investigations Unit of the Guilderland Police Department.

### How to Schedule Your Appointment

1. Visit **[www.Identogo.com](http://www.Identogo.com)**
2. Select an appointment date and location
3. Pay the service fee online or bring payment to your appointment

### What to Bring to Your Appointment

- **Two forms of identification (at least one with a photo)**  
*Examples: Driver's license, US passport, Social Security Card*  
*Note: You will see acceptable ID options when scheduling your appointment*
- **Payment (if not paid online when scheduling)**

### Information Required at Fingerprinting

You must provide the following information to Identogo when you arrive:

**ORI Number:** NY0015200 (Guilderland Police Department)  
**Reason:** Pistol License  
**Service Code:** 152KR5

### After Your Fingerprinting Appointment

Once your fingerprints are taken, they will be:

- Searched in the NY DCJS (Division of Criminal Justice Services) database
- Searched in the FBI database
- Results sent electronically to the Guilderland Police Department



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## **Pistol License Personal Character References**

**IMPORTANT:** Please follow these instructions carefully. Failure to follow these guidelines will result in a delay in processing your pistol license application.

- 1. Four personal character references are required. Each reference must:**
  - Sign both NYS PPB-3 License Application forms in **BLACK INK** on page one
  - Complete the Personal Character Reference Form (included in this packet)
- 2. All Personal Character Reference Forms must be notarized.**
- 3. Write the applicant's name clearly on each form**
- 4. Completed forms must be mailed directly by your references to the address on the bottom of the form.**

*DO NOT collect or hand-deliver these forms yourself. The forms are confidential and must be mailed directly by each reference.*
- 5. Personal character references must:**
  - Be residents of the Capital District
  - **NOT be relatives of the applicant**
  - **NOT be persons living in the applicant's household**
- 6. It is your responsibility to ensure your personal character references return their forms in a timely manner.**
- 7. The information provided on the Personal Character Reference Forms is confidential and will not be shared with the applicant.**

### **Questions?**

If you have questions about completing your pistol license application packet, please contact the Investigation Unit at (518) 356-1980 x1063.



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**PERSONAL CHARACTER REFERENCE FORM (GPDPPF2)**

**INSTRUCTIONS:** Form must be completed in **BLACK INK ONLY**. Please print or type clearly. All information will be kept in strict confidence. You may use the back of this form if more room is needed. **Forms must be notarized.**

**PISTOL PERMIT APPLICANT:**

\_\_\_\_\_

LAST FIRST MIDDLE

**SECTION 1: INFORMATION ABOUT YOU (THE REFERENCE)**

1. What is your full name?

\_\_\_\_\_

2. What is your present address?

\_\_\_\_\_

3. What is your phone number? \_\_\_\_\_ Cell phone #: \_\_\_\_\_

4. Have you ever been arrested, indicted, or convicted for any crime in any jurisdiction (federal, state, or local)? Y/N: \_\_\_\_\_

5. Do you have a pistol permit? Y/N: \_\_\_\_\_

6. Have you ever had any license or permit, including a pistol permit, suspended, denied, or revoked by any agency (federal, state, or local)? Y/N: \_\_\_\_\_

**SECTION 2: INFORMATION ABOUT THE APPLICANT**

1. Is the applicant a United States citizen? Y/N: \_\_\_\_\_

2. Are you related to the applicant? Y/N: \_\_\_\_\_

3. By what other name(s) has the applicant been known?

\_\_\_\_\_

4. Where does the applicant reside?

\_\_\_\_\_

5. What is the applicant's business or occupation?

\_\_\_\_\_

6. To your knowledge, was the applicant ever arrested? Y/N: \_\_\_\_\_

If yes, explain:

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7. Does the applicant abuse alcoholic beverages? Y/N: \_\_\_\_\_

8. Does the applicant use illegal drugs or abuse medication? Y/N: \_\_\_\_\_ If yes, what type(s)?

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9. Do you have any knowledge of the applicant being involved in any past or present domestic violence situation(s)? Y/N: \_\_\_\_\_ If yes, what are the circumstances?

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10. Do you have any knowledge of the applicant ever threatening anyone or displaying a violent temper? Y/N: \_\_\_\_\_ If yes, what were the circumstances?

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11. Do you have any knowledge of the applicant associating with known criminals or criminal associates? Y/N: \_\_\_\_\_

If yes, explain:

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12. Has the applicant ever owned or possessed any handguns, or does he/she now own or possess any handguns? Y/N: \_\_\_\_\_ If yes, give details:

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13. Has the applicant been charged, petitioned against, a respondent in or otherwise been the subject of a proceeding in Family Court? Y/N: \_\_\_\_\_ if yes, give details:

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14. To your knowledge, has the applicant ever suffered from, been treated, or been hospitalized for blackouts, temporary loss of memory, mental illness, defect, or breakdowns? Y/N: \_\_\_\_\_

If yes, give details:

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15. Do you know the applicant to be an honest, responsible person of good moral character? Y/N: \_\_\_\_\_

16. Do you recommend this applicant for a pistol license? Y/N: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

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**UPON COMPLETION OF THIS FORM, MAIL TO:**

**GUILDERLAND POLICE DEPARTMENT  
PISTOL LICENSE INVESTIGATIVE UNIT  
RTE 20 TOWN HALL  
BOX 339, GUILDERLAND, NY 12084**

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**NOTARY PUBLIC**

Signed and sworn to before me: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

At \_\_\_\_\_, New York.



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5. Do you have a pistol permit? Y/N: \_\_\_\_\_

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SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**NOTARY PUBLIC**

Signed and sworn to before me: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

At \_\_\_\_\_, New York.



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BOX 339, GUILDERLAND, NY 12084**

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**NOTARY PUBLIC**

Signed and sworn to before me: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

At \_\_\_\_\_, New York.



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BOX 339, GUILDERLAND, NY 12084**

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**NOTARY PUBLIC**

Signed and sworn to before me: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

At \_\_\_\_\_, New York.

## State of New York

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

**THIS SECTION TO BE COMPLETED BY LICENSING OFFICE**

<b>NYSID #</b>	<b>License #</b>	<b>County of Issue</b>
<b>Date of Issue</b>	<b>Expiration Date (If Applicable)</b>	

*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**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>		<b>Suffix</b>	
<b>Street Name (Physical Address)</b>				<b>Apt #</b>	<b>City</b>		<b>State</b> <b>Zip</b>
<b>Mailing Address (If Different than Physical)</b>				<b>Apt #</b>	<b>City</b>		<b>State</b> <b>Zip</b>
<b>Sex:</b>	<b>DOB:</b>	<b>Height:</b> <b>ft</b> <b>in</b>	<b>Weight:</b>	<b>Hair:</b>	<b>Eyes:</b>		
<b>Social Security Number:</b>		<b>Ethnicity:</b>		<b>Race:</b>		<b>Citizen of U.S.</b>	
<b>Driver's License # (or Non-Driver ID)</b>		<b>License State</b>	<b>Primary Phone #</b>	<b>Secondary Phone #</b>	<b>Email Address</b>		
<b>Employed By</b>		<b>Current Occupation</b>		<b>Nature of Business</b>			
<b>Business Address</b>				<b>Apt #</b>	<b>City</b>		<b>State</b> <b>Zip</b>
I hereby apply for a Pistol/Revolver License to: (Check only one) <b>Carry Concealed</b> <b>*Possess on Premises</b> <b>*Possess/Carry During Employment</b> (*) Premise Address or Employer Name and Address must be provided below:							
<b>Employer Name (If Carry During Employment)</b>		<b>Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)</b>					
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No) <b>Yes</b> <b>No</b>							
Give four character references who by their signature attest to your good moral character							
<b>Last, First, MI</b>		<b>Street Address (Street #, Name, Apartment #, City, State, Zip Code)</b>				<b>Signature</b>	

**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				



**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 the Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

## 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 (If Applicable)	

*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:		Ethnicity:		Race:	Citizen of U.S.
Driver's License # (or Non-Driver ID)		License State	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				



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

**Photograph  
Of Applicant  
Taken Within 30 Days**

\_\_\_\_\_

**Full Face Only**

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**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:**

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