



PETER G. BARBER
SUPERVISOR

DANIEL P. MCNALLY
CHIEF OF POLICE

**NEW YORK STATE PISTOL PERMIT/ DEALER'S LICENSE APPLICATION
INSTRUCTIONS, PLEASE READ CAREFULLY (GPDPPF1)**

REQUIREMENTS:

Applicant must be a resident of the Town of Guiderland, 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 Guiderland Police Department's Administrative Office from the hours of 9am-4:30 pm Monday thru Friday or on the Albany County Clerk's website at **Albanycounty.com** or at **www.guiderlandpd.org**.

2. Complete (2) two copies of the State of New York Pistol/Revolver License Application PPB-3 (front and back). All forms must be completed in **BLACK INK ONLY** and will not be accepted otherwise. Start filling out form at the last name boxes. Leave boxes above this area blank. Personal references must sign both copies of application. **THE BACK OF THESE TWO FORMS MUST BE NOTARIZED BY APPLICANT.**

3. Complete the Guiderland Police Department Pistol License Application forms. Make sure to 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**. 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 background.
8. Once all the above steps are completed, call (518) 356-1501 x1063 to make an appointment with an investigator for your interview. Bring all above items noted with you to 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 GPDPPF3 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:

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 may be presented when you turn in your application for processing.

Signature

Date



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LIVE SCAN FINGERPRINTING FOR PISTOL LICENSING

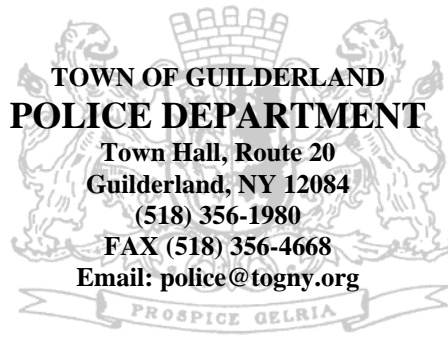
Applicants need to contact Identogo at www.Identogo.com to schedule an appointment to have their fingerprints taken with Live Scan. Past Live Scan fingerprinting for other purposes is unacceptable. There is a fee for this service outlined by the provider. The appointment needs to be made for a date following your initial appointment with the Investigations Unit with the Guilderland Police Department.

The applicant will go to the fingerprinting location and bring two forms of identification, at least one of which must have a photo. When the applicant schedules their appointment, they will be given the option of what forms of ID are considered acceptable. Such options include driver's license, US passport, Social Security Card etc. If applicant does not pay on line when scheduling the appointment, they will need to bring their payment to the fingerprinting appointment.

After following all instructions outlined by Identogo and successfully completing the Live Scan, your fingerprints will be searched in the NY DCJS and FBI databases. A response will be delivered to the Guilderland Police Department electronically. Recent or past Live Scan fingerprinting for other purposes such as other licensing and civil searches are unacceptable.

Applicants will need to provide the following information to Identogo USA at the time their fingerprints are scanned:

Guilderland Police Department ORI# NY0015200
Reason: Pistol License



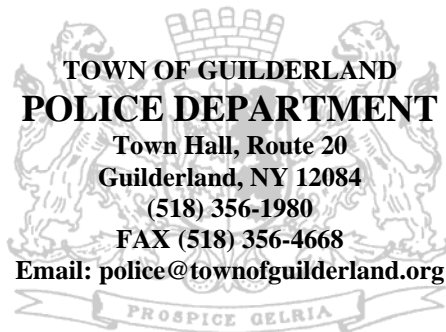
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Pistol License Personal Character References

Please follow these specific directions carefully. A failure to follow these guidelines will result in a lengthy delay in the processing of your pistol license application.

1. Four personal character references are required to sign both NYS PPB3 License application forms in black ink and additionally complete the Personal Character Reference Forms.
2. These Personal Character reference forms are included in this packet and they must be notarized.
3. Applicant's name is to be clearly printed after the RE:
4. Completed forms are to be mailed to address on the bottom of the form and are not to be collected or hand delivered by applicant. They are considered confidential.
5. Personal Character references must be resident of the Capital District and **MAY NOT** be relatives or persons living in the household of the applicant.
6. It is your responsibility to make sure personal character references return their forms in a timely fashion.
7. **THE INFORMATION PROVIDED ON THE PERSONAL CHARACTER REFERENCE FORMS WILL NOT BE GIVEN TO THE APPLICANT.**
8. If you have any questions regarding the proper completion of this pistol license application packet, please call the Investigation Unit at 518-356-101x1063



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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

1. WHAT IS YOUR FULL NAME? _____
2. WHAT IS YOUR PRESENT ADDRESS? _____
3. WHAT IS YOUR PHONE NUMBER? _____ CELL PHONE # _____
4. WHAT IS YOUR DATE OF BIRTH? _____ PLACE OF BIRTH: _____
5. ARE YOU A US CITIZEN? _____ IF NOT GIVE YOUR REGISTRATION # _____
6. NAME AND ADDRESS OF YOUR EMPLOYER: _____

7. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY CRIME IN ANY JURISDICTION, FEDERAL, STATE OR LOCAL? _____ IF SO, PLEASE COMPLETE THE FOLLOWING:

DATE	CHARGE	DISPOSITION	ARRESTING AGENCY
8. DO YOU HAVE A PISTOL PERMIT? _____
9. HAVE YOU EVER HAD ANY LICENSE OR PERMIT, INCLUDING A PISTOL PERMIT, SUSPENDED, DENIED, OR REVOKED BY ANY AGENCY, FEDERAL, STATE, OR LOCAL? _____ IF SO, GIVE DETAILS _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS REGARDING THE APPLICANT:

1. IS THE APPLICANT A UNITED STATES CITIZEN? _____
2. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____
3. ARE YOU RELATED TO THE APPLICANT? _____ IF YES, HOW? _____
4. BY WHAT OTHER NAME(S) HAS THE APPLICANT BEEN KNOWN? _____
5. WHERE DOES THE APPLICANT RESIDE? _____
6. WHAT IS THE APPLICANT'S BUSINESS OR OCCUPATION? _____
7. WAS THE APPLICANT EVER EMPLOYED BY YOU? _____ IF SO, WAS HE/SHE TERMINATED? _____, IF YES, EXPLAIN: _____
8. TO YOUR KNOWLEDGE, WAS THE APPLICANT EVER ARRESTED? _____
IF YES, GIVE DETAILS: _____

9. DOES THE APPLICANT ABUSE ALCOHOLIC BEVERAGES? _____
10. DOES THE APPLICANT USE ILLEGAL DRUGS OR ABUSE MEDICATION? IF SO WHAT TYPES? _____
11. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT BEING INVOLVED IN ANY PAST OF PRESENT DOMESTIC VIOLENCE SITUATIONS? IF SO, WHAT ARE THE CIRCUMSTANCES? _____

12. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT EVER THREATENING ANYONE, OR DISPLAYING A VIOLENT TEMPER? _____ IF SO, WHAT WERE THE CIRCUMSTANCES? _____

13. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT ASSOCIATING WITH KNOWN CRIMINALS? _____ IF YES, EXPLAIN: _____

14. HAS THE APPLICANT EVER, OR DOES HE/SHE NOW OWN OR POSSESS ANY HANDGUNS? _____
_____, IF YES, GIVE DETAILS: _____

15. TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER SUFFRED FROM, BEEN TREATED OR HOSPITALIZED FOR BLACKOUTS, TEMPORARY LOSS OF MEMORY, MENTAL ILLNESS, DEFECT OF BREAKDOWNS? _____

GIVE DETAILS: _____

16. DO YOU KNOW THE APPLICANT TO BE AN HONEST, RESPONSIBLE PERSON OF GOOD MORAL CHARACTER? _____

17. DO YOU RECOMMEND THIS APPLICANT FOR A PISTOL PERMIT? _____.

ADDITIONAL COMMENTS:

UPON COMPLETION OF THESE FORMS MAIL TO:

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

SIGNED: _____

PRINTED: _____

ADDRESS: _____

PHONE: _____

Notary Public, Signed and sworn to before me:

This _____ day of _____, _____.

At _____, New York.