



**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 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.

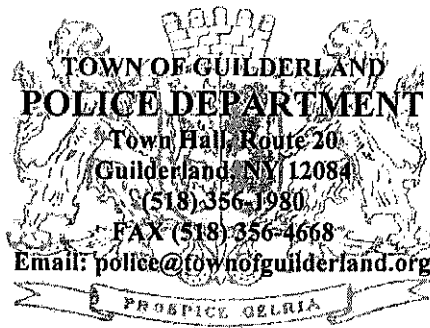
**INSTRUCTIONS:**

1. Obtain a pistol license application packet directly from the Guilderland Police Department's Administrative Office from the hours of 9am-4:30 pm Monday thru Friday or on the Albany County Clerk's website at [Albanycounty.com](http://Albanycounty.com) 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 (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 Guilderland 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](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 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 (GPDPEFI)

### 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)? \_\_\_\_\_

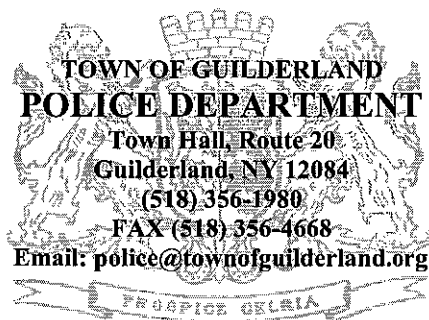
How long have you had this license? \_\_\_\_\_

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 STATIONARY 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**

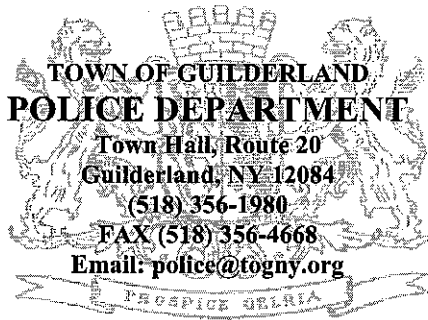
Applicants need to contact Identogo at [www.Identogo.com](http://www.Identogo.com) to schedule an appointment to have their fingerprints taken with Live Scan. Past Live Scan fingerprinting for other purposes is unacceptable. There is a fee for this service outlined by the provider. The appointment needs 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 SUFFERED 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.

## 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) <input type="checkbox"/> Carry Concealed <input type="checkbox"/> *Possess on Premises <input type="checkbox"/> *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) <input type="checkbox"/> Yes <input type="checkbox"/> 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 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?  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 / semi-automatic rifle 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

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

**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
			<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.5.

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