

Peter G. Barber
Town Supervisor

Daniel P. McNally
Chief of Police

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

REQUIREMENTS:

- Applicant must be a resident of the Town of Guilderland, N.Y.
- 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.

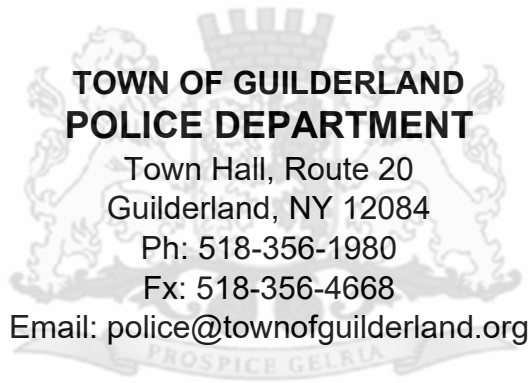
INSTRUCTIONS:

1. Obtain a pistol license application packet direct from the Guilderland Police Department's Administrative Office from the hours of 9am – 4:30pm, Monday thru Friday or on the Albany County Clerk's website at: www.albanycounty.com or www.guilderlandpd.org
2. Complete two (2) 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 the 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 THE APPLICANT.**
3. Complete the Guilderland Police Department Pistol License Application forms. Make sure to write the reason for your application the back of the form.
4. Obtain a certificate of completion from an NRA certified basic pistol course. The course does not necessarily need to be 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 www.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 two (2) passport size (2"x2") 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 you interview. Bring all above items noted with you to interview as well as identification (NYS Driver's License or US Passport).
9. Once the interview is completed with the investigator, distribute your four (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.



**TOWN OF GUILDERLAND
POLICE DEPARTMENT**

Town Hall, Route 20
Guilderland, NY 12084

Ph: 518-356-1980

Fx: 518-356-4668

Email: police@townofguilderland.org

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**GUILDERLAND POLICE DEPARTMENT
PISTOL LICENSE APPLICATION (GPDPPF1)**

Applicants 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

If previously married, provide

Name of ex-spouse (s), _____

Address: _____

Length of marriage: _____

Phone number: _____

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 you attended and address: _____

Home address while attending school: _____

Have you ever in any branch of the military? ☐ Yes ☐ No If so, what branch? _____

Length of service: _____ Type of discharge: _____

Employment Information:

Name of Employer: _____

Your Occupation: _____ Time at Employer: _____

Address of Employer: _____

Phone Number: _____

If employed at employer less than one year,

Previous Employer: _____

Address of Employer: _____

Phone Number: _____

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

Do you have a New York State Hunting License? ☐ Yes ☐ No

What Type(s)? _____

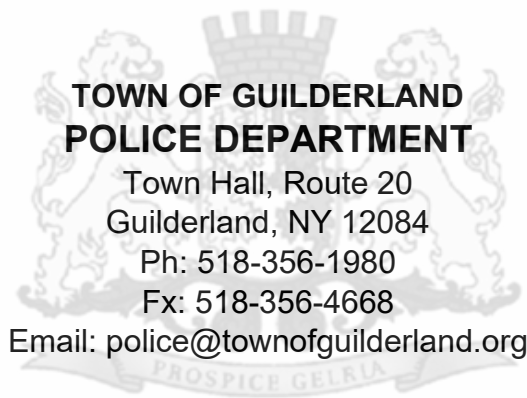
How long have you had this license? _____

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 your 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



Peter G. Barber
Town Supervisor

Daniel P. McNally
Chief of Police

LIVE SCAN FINGERPRINTING FOR PISTOL LICENSING

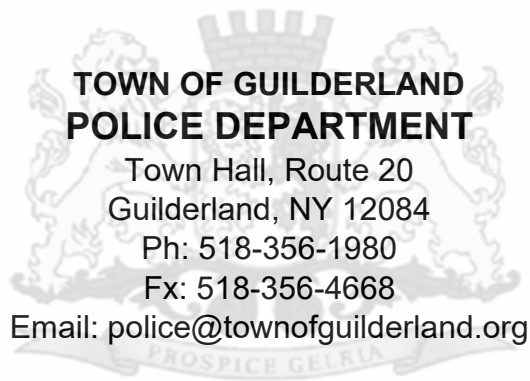
Applicants need to contact Identogo at www.identogo.com to schedule an appointment to have their fingerprints taken with Live Scan. Past Live Scan fingerprinting for other purposes is unacceptable. There is a fee for this service outlined by the provider. The appointment needs to be made for a date following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

The applicants 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 data bases. 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



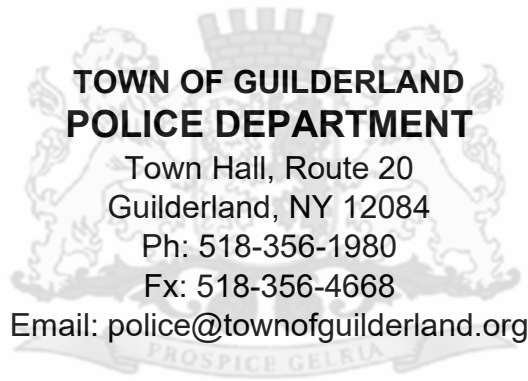
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PISTOL LICENSE PERSONAL CHARACTER REFERENCES

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 (4) 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 RE:
4. Completed forms are to be mailed to the address on the bottom of this form and are not to be collected or hand delivered by applicant. They are considered confidential.
5. Personal character references must be a resident of the Capital District and MAY NOT be a relative or a person(s) living in the household of the applicant.
6. It is your responsibility to make sure personal character references return their forms in a timely manner.
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 518-356-1980 x 1063



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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? _____

4. What is your date of birth? _____ Place of Birth: _____

5. Are you a US Citizen? ☐ Yes ☐ No If not give your registration #: _____

6. Name and address of your employer: _____

7. Have you ever been arrested, indicated or convicted for any crime in any jurisdiction, federal, state or local? ☐ Yes ☐ No If so, please complete the following:

Date	Charge	Disposition	Arresting Agency
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a. _____

b. _____

c. _____

8. Do you have a pistol permit? ☐ Yes ☐ No

9. Have you ever had any license or permit, including a pistol permit, suspended, denied, or revoked by any agency, Federal, State, or Local? ☐ Yes ☐ No If so, please give details: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS REGARDING THE APPLICANT

1. Is the applicant a united states citizen? ☐ Yes ☐ No
2. How long have you known the applicant? _____
3. Are you related to the applicant? ☐ Yes ☐ No If yes, how? _____
4. By what other name(s) has the applicant been known by? _____
5. Where does the applicant reside? _____
6. What is the applicant's business or occupation? _____
7. Was the applicant ever employed by you? ☐ Yes ☐ No
If so, was he/she terminated ☐ Yes ☐ No If yes, please explain: _____

8. To your knowledge, was the applicant ever arrested? ☐ Yes ☐ No
9. Does the applicant abuse alcoholic beverages? _____
10. Does the applicant use illegal drugs or abuse medication ☐ Yes ☐ No If so, what types? _____

11. Do you have any knowledge of the applicant being involved in any past or present domestic violence situations? ☐ Yes ☐ No If so, what were the circumstances? _____

12. Do you have any knowledge of the applicant ever threatening anyone, or displaying a violent temper? ☐ Yes ☐ No If so, what were the circumstances? _____

13. Do you have knowledge of the applicant associating with known criminals? ☐ Yes ☐ No
If so, please explain: _____

14. Has the applicant ever, or does he/she now own or possess any handguns? ☐ Yes ☐ No If so, please 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? ☐ Yes ☐ No
If so, please explain: _____

16. Do you know the applicant to be honest and a responsible person of good moral character?
☐ Yes ☐ No

17. Do you recommend this applicant for a pistol permit? ☐ Yes ☐ No If not, please explain: _____

Additional Comments:

Upon completion of these forms please mail to:

**Guilderland Police Department
Pistol License Investigative Unit
Town Hall, Route 20
PO Box 339
Guilderland, NY 12084**

Signed: _____

Printed: _____

Address: _____

Phone: _____

STATE OF NEW YORK
COUNT OF

ON THIS _____ DAY OF _____, 20____, BEFORE ME PERSONALLY CAME

TO ME PERSONALLY KNOWN TO BE THE PERSON DESCRIBED IN AND WHO
EXECUTED THE FOREGOING DOCUMENT.

NOTARY PUBLIC

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
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ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN

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

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

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.