

PERSONAL INFORMATION REGARDING APPLICANT

TO BE COMPLETED BY INVESTIGATING OFFICER

NAME: _____ Date Interviewed _____

Investigating Officer (Print Name): _____

Date of Birth: _____ Place of Birth: _____

Present Address: _____

Former Address: _____

Employer: _____

Address of Employer: _____

How Long? _____ Job Title: _____

Former Employer: _____

Address: _____

1) Children: Living/using area where handgun will be stored, kept or used?
(Circle one) YES NO Ages: _____
If yes, how will they be safeguarded? _____

2) Do you drink alcoholic beverages to excess or use any medication or drug that might impair your judgment?
If yes, explain: _____

3) Do you have any personal, mental or emotional problem which could cause you to act in any manner which would be a threat to public safety if you were armed?
If yes, explain: _____

4) Reason for permit: _____

5) Police Record: _____

Additional Information: _____

WILLMER FOWLER, JR.
PISTOL PERMIT SUPERVISOR



92 Franklin Street
Buffalo, New York 14202
716/858-6600

COUNTY OF ERIE

CHRISTOPHER L. JACOBS
ERIE COUNTY CLERK

Pistol Permit Department

- PLEASE READ MANDATORY INSTRUCTIONS CAREFULLY AND COMPLETE ALL STEPS BEFORE SUBMITTING APPLICATION IN PERSON
Failure to do so may result in the delay of, or inability to accept your application.
1.) USE BLACK INK ONLY - PLEASE TYPE OR PRINT. Your phone number must be listed on the upper left hand corner of the enclosed two (2) State Applications (PPB-3) and they must be completed and submitted WITH SIGNATURES. No copies. The spaces indicating "LICENSE NUMBER", "COUNTY ISSUE", "CODE", "DATE OF ISSUE" AND "NYSID NUMBER" ARE TO BE LEFT BLANK. Beginning with your last name, FILL IN ALL THE INFORMATION IN THE GREY SHADED AREAS. Then continue by completing the rest of the information.
2.) The applicant's signature MUST be ACKNOWLEDGED ON ALL FORMS, by either a Notary or Commissioner of Deeds. The Jurat is for the Notary or Commissioner of Deeds signature.
3.) Applicants must be twenty-one (21) years of age. Immigration documentation is required for non-citizen applicants. For U.S. Citizens born outside of the United States, proof of citizenship must be provided.
4.) Please submit with your application two (2) photographs 2" x 2" (inches) black and white or color. NO MACHINE OR AMATEUR PHOTOGRAPHS will be accepted. PLEASE PRINT YOUR NAME ON THE BACK OF EACH PICTURE. Pictures are available for a \$10 fee next door in the Erie County Clerk's Administrative Office.
5.) ALL REFERENCES MUST LIVE IN ERIE COUNTY. All references MUST sign BOTH State Applications. In addition, your four (4) character references must live in your city, town, or village, unless prior written approval is obtained from your local Police Agency and such approval must be with your application.
6.) Applicants must have instructions in the safe handling of firearms from a certified instructor, and proof of such training must be submitted with the application.
7.) All applicants must complete form entitled affidavit. This portion of the form must also be notarized.
8.) The backs of BOTH applications (Forms PPB-3/PPB-3A) must contain the applicant's SIGNATURE and ADDRESS, directly above the section labeled "INVESTIGATIVE REPORT".
9.) If you are requesting Personal and/or Business Protection and are applying for Personal Protection, you must STATE IN DETAIL YOUR NEED FOR SUCH PROTECTION. This portion of the affidavit must also be notarized.
10.) If you are requesting Personal and/or Business Protection and are applying for Business Protection, you must complete the Business Protection Affidavit, STATING IN DETAIL YOUR NEED FOR SUCH PROTECTION. If you are the owner of a business, please submit a copy of your corporate minutes indicating your position with the business, DBA or Business Certificate. If you are applying for a license in connection with present or proposed employment, you must submit a letter from your employer on company letterhead or a notarized letter from your employer verifying both your employment and the need for you to carry a weapon as part of your employ. This portion of the affidavit must also be notarized. Submit with your completed application.
11.) IF YOU HAVE EVER BEEN ARRESTED, OR CHARGED FOR ANY OFFENSE EXCEPT MINOR TRAFFIC INFRACTIONS (SPEEDING OR STOP SIGNS) YOU MUST SUBMIT A CERTIFICATE OF DISPOSITION FOR EACH ARREST WITH YOUR APPLICATION. Certificates of Disposition can be obtained from the Court where your case was heard. YOUR FAILURE TO DISCLOSE ANY CRIMINAL CHARGE, (EVEN IF DISMISSED AND SEALED), WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION.
12.) COMPLETED APPLICATION MUST BE SUBMITTED IN PERSON before 4:00 pm (3:00 pm*) to the Erie County Pistol Permit Department. The application MUST BE ACCOMPANIED BY A NON-REFUNDABLE \$20.00 permit processing fee, payable by cash, personal check or money order.
The fingerprinting process will be explained with the submission of your completed application.
13.) Erie County Pistol Permit Hours: Monday, Tuesday, Thursday, & Friday from 9:00 am - 4:45 pm
Wednesday - CLOSED

AFFIDAVIT-ALL QUESTIONS MUST BE ANSWERED

I _____ residing at _____
(Name in full) (Maiden Name) (Physical Address)

(Mailing Address if different)
in the County of Erie, State of New York being an applicant for a handgun permit, and being duly sworn, depose and make answer to the following:

1) Are you an active dues-paying member of a bonafide gun club? Circle One YES NO
If yes, name of the club and extent of activity: _____

2) Relate any prior experience (training with weapons) such as military services, gun clubs, hunting, etc. _____

3) What provisions have you made to keep weapon secreted in the home, or place of business? Explain: _____

4) Are there children residing in your home? Circle One YES NO Ages _____

5) Explain when and during what hours the weapon will be in your physical possession: _____

6) Are you receiving treatment for any illness? If so, state the nature of your illness: _____

7) Do you have any physical or visual disabilities? If yes, explain: _____

8) Please designate a person who will be responsible for notifying the pistol permit office and surrendering your gun(s) in the event of your subsequent incapacity or death:

Name: _____ Phone: _____

Address: _____

9) If you are not a citizen of the United States, why do you require a permit? _____

Sworn to and subscribed before me this _____ day _____

_____, 20 _____

Notary public or Commissioner of Deeds

REQUEST FOR PERSONAL AND/OR BUSINESS PROTECTION ON PISTOL PERMIT

1) Reason for request in detail: _____

2) Hours when permit will be carried for business or personal protection: _____

Sworn to me this _____ day of _____ 20 _____

NOTARY PUBLIC, COMMISSIONER OF DEEDS, JUDGE OR JUSTICE

APPLICANT'S SIGNATURE IN FULL

Cell Phone # _____ Home Phone # _____

E-Mail Address _____

Applicants Name _____

Address _____

Country of Birth _____

Any additional last names you were known by: _____

Character References-No Relatives or Employees of the Erie County Sheriff's Department

NAME: _____ / Maiden name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Date of Birth: _____

NAME: _____ / Maiden name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Date of Birth: _____

NAME: _____ / Maiden name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Date of Birth: _____

NAME: _____ / Maiden name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Date of Birth: _____

NOTICE TO APPLICANT:

YOUR CHARACTER REFERENCES WILL BE INVESTIGATED FOR A PAST CRIMINAL HISTORY. A CHARACTER REFERENCE WITH AN ARREST RECORD COULD BE UNACCEPTABLE AND DELAY YOUR APPLICATION.

THE FINGERPRINTING PROCESS WILL BE EXPLAINED TO YOU UPON RECEIPT OF YOUR COMPLETED APPLICATION