

ERIE COUNTY PISTOL PERMIT APPLICATION

Michael P. Kearns

Erie County Clerk

ESSENTIAL INFORMATION

Applicants must be twenty-one (21) years old. Immigration documentation is required for non-citizen applicants. U.S. Citizens born outside of the United States must provide proof of citizenship.

A NYS Drivers License or Non-Drivers ID is required with the current name (i.e. married name) and address AS WELL AS **proof of social security number: (original social security card or original W-2 with social security number).**

Proof of completing safe handling of firearms instruction from a NYS certified instructor **MUST** be submitted with application. A DD-214 can be used in place of a course only if it states firearms training/qualification. Law enforcement must provide government issued ID and recent proof of qualification.

If requesting a pistol permit for Business Protection you must provide: a) as the business owner, a copy of a DBA or business certificate; or b) as an employee of the business, a signed letter on company letterhead from management acknowledging the application for a carry concealed pistol permit for Business Protection.

Fingerprinting must be done prior to submitting your application. **NOTE: Fingerprinting must be done at least 48 hours prior to your appointment and/or submittal of your application and no more than 30 days.**

Two (2) black and white or color photographs 2"x2" with applicants name printed on the back of each picture must be submitted with application. No machine or amateur photographs will be accepted. Pictures can be taken in the Erie County Clerk's Administrative Office for \$10.00.

To submit a completed application schedule an appointment on-line at: <http://erie.gov/clerk>

A non-refundable Pistol Permit Processing Fee of \$20.00 will be charged with when you submit your application.

Print legibly using **only black ink** on all forms.

1. APPLICANT AND CHARACTER REFERENCE INFORMATION (PPA-4R)

- Applicant and character information must contain all information requested.
- Must provide **FOUR (4)** character references.
- **All** character references must live in Erie County. In addition, your character references may need to live in your city, town, or village. References may NOT be Erie County Sheriff's Employees, family members, boyfriend/girlfriend or anyone who may be included as a member of applicant's household.
- A character reference with an arrest record could be unacceptable and delay your application.

2. STATE OF NEW YORK PISTOL/REVOLVER LICENSE APPLICATION (PPB-3)

- Complete **BOTH** copies of New York State Pistol/Revolver License Applications (PPB-3). Both double-sided applications **MUST** be original. Photocopies will NOT be accepted.
- Character references must be same as provided on the County application.
- References **MUST sign BOTH** NYS PPB 3 Applications and be qualified as noted above.
- The PPB 3 specifically states: "Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?" Answer 'yes' if Applicant has ever been:
 - Directed to appear before a judge for anything from an ordinance up to a felony
 - Handcuffed and taken to jail
 - Fingerprinted and photographed by the police for a criminal matter or DWI
 - A warrant for arrest was issued and applicant was directed to turn themselves into police or appear before judge.
- You **must** state all arrests regardless of whether or not you were convicted. Sealed charges **must** also be listed. **Failure to disclose any criminal charges including a dismissed or sealed charge will be sufficient cause to deny this application.**
- A Certificate of Disposition (COD) for each arrest **must be submitted** with application. CODs can be obtained from the Court where the case was heard. Failure to provide a COD for all arrest(s) will result in inability to accept your pistol permit application.
 - In the case that a COD is no longer available by the Court, an original letter from the Court must be provided on letterhead, listing the current date, date of the charge, the charge, case number, case dispose date and a statement stating the COD is no longer available.
- The applicant's signature on the (2) State of New York Pistol/Revolver License Applications (PPB 3) **MUST** be witnessed in the presence of and acknowledge by a Notary Public or Commissioner of Deeds.

Failure to complete all instructions, provide all forms or misinformation in the application process may result in inability to accept your application, delay in processing or a denial of your permit application.

Date of Fingerprints

ERIE COUNTY PPA-4R

Police Agency

APPLICANT INFORMATION

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address		Home Number	Cell Number
Mailing Address (if different)		Work Number	
Email Address		Country of Birth	
Employer	Job Title		

APPLICANT QUESTIONS

Any additional Last Names you were known by?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name:
Are there Children living where the handguns will be stored/used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Ages:
Are you an active dues-paying member of a bona fide gun club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where:
Have you had any previous experience with firearms, long bows or cross bows, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____ _____		
I am requesting a pistol permit for the following reason: <input type="checkbox"/> Unrestricted/Personal Protection <input type="checkbox"/> Target & Hunting <input type="checkbox"/> Target, Hunting & Business Protection (Business Name):		
If you requested "Unrestricted/Personal Protection" please give a detailed reason for this: (attach separate sheet if necessary) _____ _____ _____		

CHARACTER REFERENCES (No Relatives or Employees of the Erie County Sheriff's Department)

Full Name	Maiden Name (if applicable)	Date of Birth
Full Address		
Home Number	Cell Number	Work Number
Full Name	Maiden Name (if applicable)	Date of Birth
Full Address		
Home Number	Cell Number	Work Number
Full Name	Maiden Name (if applicable)	Date of Birth
Full Address		
Home Number	Cell Number	Work Number
Full Name	Maiden Name (if applicable)	Date of Birth
Full Address		
Home Number	Cell Number	Work Number

Pursuant to Section 400.00, Subdivision 4 of the New York State Penal Law, we are hereby requesting information regarding any previous or present mental illness of the following pistol permit applicant:

Signature of Applicant: _____ Date: _____

NYSID Number											PPB 3 (Rev. 06/17)	County of Issue							
License Number											STATE OF NEW YORK			ERIE	Code				
Date of Issue	Month	Day	Year											Expiration Date			Month	Day	Year

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.

Last Name															Suffix			
First Name										MI	Date of Birth - MM DD YYYY				NY Driver's License (or NY Non-Driver ID) No.			
Gender	Social Security			Race	Height ft	in	Weight	Eyes	Hair	Citizen of U.S.A		<input type="checkbox"/> YES <input type="checkbox"/> NO						

Physical Address (Street number, street name, apartment number, city, state, zip code)

Mailing Address (If different from physical address)

Primary Phone Number	Secondary Phone Number	Email Address
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Employed By	Present Occupation	Nature of Business
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Business Address (Street number, street name, apartment number, city, state, zip code)

I hereby apply for a Pistol / Revolver License to: (Check only one) Carry Concealed

A license is required for the following reasons: (Please Circle)

TARGET & HUNTING **UNRESTRICTED** **BUSINESS PROTECTION** _____

Business Name _____

Give four character references who by their signature attest to your good moral character.

Last, First, MI	Street Address, (Street number, street name, apartment number, city, state, zip code)	Signature

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI. YES NO

If Yes, furnish the following information:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

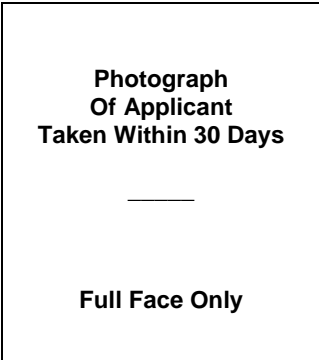
- Are you a fugitive from justice? YES NO
- Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? YES NO
- Are you an alien illegally or unlawfully in the United States? YES NO
- Are you an alien admitted to the United States who does not qualify for 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 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
- Are you aware of any good cause for the denial of the license? 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



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 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 before me

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 (Strike out one)

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:

Table with 7 columns: Manufacturer, Pistol / Revolver / Single Shot, Model, Frame Only, Caliber(s), Serial Number, Property Of. Includes checkboxes for Frame Only.

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.

NYSID Number, License Number, Date of Issue, County of Issue (ERIE), STATE OF NEW YORK PISTOL /REVOLVER LICENSE APPLICATION, 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.

Last Name, First Name, MI, Date of Birth - MM DD YYYY, NY Driver's License (or NY Non-Driver ID) No., Gender, Social Security, Race, Height ft in, Weight, Eyes, Hair, Citizen of U.S.A (YES/NO)

Physical Address (Street number, street name, apartment number, city, state, zip code)

Mailing Address (If different from physical address)

Primary Phone Number, Secondary Phone Number, Email Address

Employed By, Present Occupation, Nature of Business

Business Address (Street number, street name, apartment number, city, state, zip code)

I hereby apply for a Pistol / Revolver License to: (Check only one) [X] Carry Concealed

A license is required for the following reasons: (Please Circle)

TARGET & HUNTING UNRESTRICTED BUSINESS PROTECTION Business Name

Give four character references who by their signature attest to your good moral character.

Table with 3 columns: Last, First, MI; Street Address; Signature

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI. [] YES [] NO

If Yes, furnish the following information:

Table with 6 columns: 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 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

Are you aware of any good cause for the denial of the license? [] 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

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 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 before me

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 (Strike out one)

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:

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.

ERIE COUNTY PISTOL PERMIT DEPARTMENT

ADDITIONAL INFORMATION FOR CITIZENSHIP, FINGERPRINTING AND CHARACTER REFERENCES

PROOF OF CITIZENSHIP (IF BORN OUTSIDE OF U.S.)

1. U.S. or U.S. Territory birth certificate showing both first and last name, issued by a Board of Health, Bureau of Vital Statistics, or U.S. State Department.
 - a. U.S. Territories are: American Samoa, Guam, Mariana Islands, Marshall Islands, Puerto Rico
2. US Passport or Passport Card (unexpired); Naturalization Certificate.
3. If born outside U.S.:
 - a. Certificate of Citizenship (N-560, N561 or N-645)
or
 - b. Report of Birth Abroad of US Citizen, issued by US Embassy or Consulate (FS-240, DS-1350, F-545).
4. Original statement from US Consular Officer verifying that you are US citizen with a valid passport.
5. Proof of Permanent Resident:
 - a. Permanent Resident Card (I-551 "Green" card)

FINGERPRINTING

1. To be fingerprinted by *IdentoGO* you must make an appointment by telephone or online.
 - a. Online: <https://uenroll.identogo.com/workflows/151Z1G>
 - b. Phone: (877) 472-6915 or TTY/TTD (877) 219-0199
 - c. You will need to provide:

Service code: **151Z1G**

ORI# **NY931040Z**

Reason: **Pistols**

2. You must provide your name EXACTLY as it appears on your New York State Driver's License or Non-Driver ID.
3. Arrive at the fingerprinting location at your scheduled time, with documentation required.
4. **You must bring your receipt of fingerprinting to your appointment with the Pistol Permit Department.**

CHARACTER REFERENCES

If you are residing in any jurisdiction *other than* Amherst or Aurora (Town), your references must all reside within Erie County.

1. **AMHERST:** At least two (2) references must live in Amherst, the other two (2) may live anywhere in Erie County.
2. **AURORA (Town):** At least two (2) references must live in Town of Aurora or Village of East Aurora, the other two (2) may live anywhere in Erie County.

The Erie County Pistol Permit Department CANNOT make exceptions to the above requirements, exceptions must be made by an authorized person at the specific police department.

APPLICANT CHECKLIST

- Appointment made for Pistol Permit Application. Date: _____ Time: _____
- Fingerprinting scheduled/completed at least 48 hours prior to your appointment and no more than 30 days.
- Certificate of completing safe handling of firearms instruction from a NYS certified instructor. Dated no longer than five (5) years.
- PPB-3 (2 originals) completed and notarized with four (4) references signed by all references.
- PPB-4 completed with the SAME four (4) references listed on the PPB-3.
- A NYS Drivers License or Non-Drivers ID, proof of citizenship and/or immigration document(s).
- Original social security card or W-2 with social security number.
- Documents required for a Business Protection Permit.
- Certificate of Dispositions for **ALL** arrests including **SEALED** cases and DWI (except traffic infractions).

Failure to complete all instructions, provide all forms or misinformation in the application process may result in inability to accept your application, delay in processing or a denial of your permit application.
