

PUTNAM COUNTY PISTOL AND SEMI-AUTOMATIC LICENSE APPLICATION INSTRUCTIONS (Updated – 09/01/2022)

The Putnam County pistol and semi-automatic license Application packet consists of the following:

1. Two (2) New York State Applications

Applicants **must** be at least 21 years of age and reside in Putnam County for a minimum of six (6) months. (No age restriction applies to applicants who have 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.). **All applicants seeking a concealed carry pistol license must take a handgun safety course prior to submitting this application.**

These forms **must** be prepared by typing or **clearly printing**. Read these instructions before completing to minimize errors. **ALL QUESTIONS MUST BE ANSWERED**. Falsification of this application is a felony, which could lead to your arrest. If the application is not completed according to the instructions, it **WILL BE RETURNED**. The applications **must** be notarized.

Four (4) character references are required. References **must not** be family members, **must** be citizens of the United States and **must** be at least 21 years of age. Each reference must personally know the applicant for a minimum of **five (5) years** and should possess all relevant knowledge about the history of the applicant to adequately respond to the questionnaire. Each reference (4) **must** sign the application in the appropriate space. Four (4) **stamped** envelopes addressed to your references **must** be submitted with this application (Please do not put a return address on the envelopes). If the reference letters are not returned to the Putnam County Clerk's Office at 40 Gleneida Ave., Room 100, Carmel, NY 10512 **WITHIN 60 DAYS** of receipt of the application, the entire application **WILL BE REJECTED**.

ARREST INFORMATION

You **must** indicate all arrests (including DWI and DWAI) **whether convicted or not, sealed, or adjourned contemplating dismissal**. *New York State law provides the authority for the Licensing Officer to inquire into the facts underlying the arrest of an applicant, even if the arrest was terminated in his/her favor.* You **must** provide a court disposition for each arrest listed and submit the disposition(s) with this application. Failure to list an arrest will result in the disapproval of your application.

IDENTIFICATION / PROOF OF RESIDENCE

You **must** submit a copy of your driver's license and a copy of a utility or tax bill or other proof of mailing with your application. If you are an active or retired police or peace officer, you must submit a copy of your identification.

CITIZENSHIP

You must submit a copy of your birth certificate or passport. If you were born in a foreign country and have become a United States citizen, you **must** provide a copy of your Certificate of Naturalization or passport with your application. If you are a resident alien, you **must** provide a copy of your Alien Registration Card with your application.

PHOTOGRAPHS

At least three (3) photographs must be submitted (photographs must be passport size (2x2) and actual photos (do not photocopy). They can be black and white or color. Photographs can be taken by the Putnam County Clerk at a cost of \$20 (cash or checks made payable to Putnam County Clerk).

NOTARY

The Applications **must** be notarized. For your convenience, the Putnam County Clerk's office does have a notary on staff at no additional cost.

When your application is complete and you have all the necessary paperwork, you **MUST BRING THE APPLICATION IN PERSON TO THE PUTNAM COUNTY CLERK AT 40 GLENEIDA AVENUE ROOM 100, CARMEL, NY 10512.** When you submit the completed application to the Clerk's Office, be prepared to pay the separate \$10 fee for the issuance of the permit.

The Putnam County Sheriff's Office will contact you to schedule an appointment for fingerprinting at a later date. The fee for fingerprinting is **\$88.25** (postal money order only) made payable to **PUTNAM COUNTY COMMISSIONER OF FINANCE**. (No other type of payment will be accepted.) Postal money order **must** be submitted with your application.

QUESTIONS

If you have questions or need assistance completing your application, call (845) 808-4321.

HANDGUN SAFETY COURSE

All applicants seeking a **concealed carry pistol license** must submit proof of completion of an in person and live fire safety course in accordance with New York State Law. Please consult the telephone directory or internet to obtain information about certified NRA instructors who offer the aforementioned training.

CHECK LIST

- 1) **Postal money order** for \$88.25 payable to Putnam County Commissioner of Finance.
- 2) Separate \$10 fee for the issuance of the permit (cash or check accepted for this fee).
- 3) Three (3) **Passport photos**
- 4) Four (4) **stamped envelopes** addressed to your character references (no return addresses).
- 5) Copy of **proof of a handgun safety course if applying for concealed carry pistol license**.
- 6) Copy of your **driver's license and utility bill or tax bill or other proof of mailing**.
- 7) Copy of ID card if you are active or retired police or peace officer.
- 8) Court **disposition(s)** (if applicable).
- 9) Copy of **Birth Certificate, Certificate of Naturalization, or passport**.
- 10) Copy of Alien Registration Card (if applicable).
- 11) Copy of **handgun receipt(s)** (if applicable), C-Forms, or other official documents (listing your weapons) from your department.
- 12) Two (2) State of **New York pistol/revolver semi-automatic rifle license applications**:
 - Both applications must have **character references original signatures**.
 - Do **not** cross out, white out or spill anything on these applications.
 - Do **not** write in the sections above your name.

DO NOT BRING YOUR APPLICATION TO THE CLERK'S OFFICE UNTIL IT IS COMPLETE.

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) 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

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 sealed arrests 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?

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?

Are you an alien illegally or unlawfully in the United States?

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?

Have you been discharged from the Armed Forces under dishonorable conditions?

Have you ever renounced your United States citizenship?

Have you ever suffered any mental illness?

Have you ever been involuntarily committed to a mental health facility?

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?

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?

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?

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

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?

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?

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

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: **an applicant** for a firearms license **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth _____

Address _____ City _____ State _____

Firearms License # (if applicable) _____ Date Issued _____

Licensing Authority / County of Issuance or Application _____

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: *(check all that are applicable)*

1. My life or safety may be endangered by disclosure because:

- A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- B. I am a protected person under a currently valid order of protection;
- C. I am or was a witness in a criminal proceeding involving a criminal charge;
- D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: *(Must be explained in item 5 below)*

3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.

(Please check any that apply)

A _____ B _____ C _____ D _____

4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.

5. *(Please provide any additional supportive information as necessary)*

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature

Date