

Chenango County Pistol Permit Application

Chenango County pistol permits will only be issued to residents of the County who are 21 or older. A background check will be performed on all applicants by the County Sheriff's Office. All answers to statements under oath will be thoroughly investigated. **Applications must be completed in black ink.**

Instructions

- 1) **Complete both copies of the State of New York Application.**
 - **DO NOT** complete the NYSID Number, License Number, Date of Issue, County of Issue or Expiration Date sections on the NYS application. These sections are **for office use**.
 - If your mailing address is a **PO Box**, please also include your street address. Use **NY addresses only**.
 - **All applicants must provide** either a **NY State Driver's License** or **NY State Non-driver ID number**. Applicants who have out-of-state driver's licenses must obtain a **NY State Non-driver ID** prior to applying.
 - A reason for obtaining your pistol permit must be provided. Reasons will be investigated for accuracy.
 - Please note that a Possess On Premises permit only allows for pistols to be used on the property indicated.
 - **Four character references from Chenango County**, whom you have been associated with for a period of sufficient time to certify as to the applicant's capability to possess a pistol permit, are required. **References should not include relatives or persons holding an appointed or elected office.**
 - List all **felony, misdemeanor, and serious offense** convictions in the appropriate area.
 - **Do not sign** either copy of the application until you are in the presence of a **Notary Public**.
- 2) **Complete the Chenango County Sheriff's Personal History Questionnaire.**
- 3) **Complete the Background Check Authorization Request form.** Do not sign until in front of a Notary Public.
- 4) **Include any additional accompanying documents** such as additional pages for previous or additional current addresses, past criminal offenses, military discharge documents, or proof of part-time residence.
- 5) **Get photos taken.** Two color or b&w photo, taken within the last 30 days, must be submitted. Photos must have a plain background and fit an area 1¼ in. wide by 1¾ in. long. Photos can be taken at the County Clerk's Office.
- 6) **Sign the State of New York Applications and the Background Check form in the presence of a Notary Public.**
- 7) **Submit completed packet to the Chenango County Sheriff's Office.** A \$10 fee is required, cash or money order.
- 8) **Arrange for fingerprints to be taken.** Fingerprinting must be coordinated through the Sheriff's Office **after** the application is submitted. Please contact the Chenango County Sheriff's Office for more information.
- 9) **Wait for approval letter from the County Court Judge's chambers.** Application processing times vary and may take 6 months or longer. The County Court Judge will review each application and final approval is at the Judge's discretion. You may be asked to appear before the Judge at any time during the process. All fees are non-refundable.
- 10) **If approved, bring the approval letter to the Chenango County Clerk's office to pick up the new permit.** A fee of \$10, payable by cash or check only, will be due at that time.

Please Note

- *The required safety course(s) should be taken after you permit has been approved and issued.*
- *All pistols in the possession of an individual without a pistol permit **MUST** be surrendered to law enforcement.*
- *Pistol permits issued to aliens will show reasons and names of persons certifying as to the character of applicant.*
- *All instances of **voluntary** and **involuntary** commitments to mental health facilities must be reported by the applicant. Permits will not be approved for a person who has been committed to a mental institution or is receiving or has received outpatient treatment in a private or public mental health clinic unless a certificate of competency is provided.*
- *Pistol permit will not be approved for a person who has been convicted of a felony or serious offense as listed in Section 265.00 Sub 17 of the New York Penal Law.*
- *Those who have been dishonorably discharged from the military are discouraged from applying for a pistol permit.*

If you have questions, please contact the Chenango County Clerk's Office at 607-337-1450.

CHENANGO COUNTY COURT
STATE OF NEW YORK COUNTY OF CHENANGO



Hon. Frank B. Revoir, Jr.
Chenango County Judge

Catherine A. Schell
Chief Clerk

Barry J. Fitzgerald
Court Attorney

January 7, 2016

TO: ALL PISTOL PERMIT APPLICANTS

RE: COURT DIRECTIVE REGARDING PISTOL PERMIT POLICY

Article 400 of the Penal Law provides full discretion to the licensing officer regarding approval of pistol permits. As the licensing officer for Chenango County, I have taken a slightly different approach to the local issuance of permits. For instance, upon the Court's discretion, an applicant may be required to personally appear before the Court for a separate determination as to their suitability and appropriateness for licensure.

ALL PERMITS WILL BE LIMITED TO HUNTING AND TARGET SHOOTING ONLY.
The application is available in the Chenango County Clerk's Office.

The **HUNTING AND TARGET SHOOTING ONLY PERMITS** will be construed so as to permit the licensee to transport the gun(s) from the home for the intended use of hunting or target shooting. While being transported, the restraint devices are recommended.

A Court approved Pistol Permit Safety Course will be required to be taken during the first year **after** the permit is issued. As many of you know, this policy has also been in existence for many years in Broome County and has worked well.

Those wishing to upgrade to a carry conceal permit, **after a permit has initially been issued**, may take one of the Court approved courses available for this type of unrestricted permit. A duplicate permit is then issued upon course completion and approval.

The policy in this County shall be to continue to issue pistol permits to all responsible applicants in a courteous, expeditious and efficient manner.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Frank B. Revoir, Jr.', is written over the typed name.

Frank B. Revoir, Jr.
Chenango County Court Judge

List all residences for the past TEN years, beginning with your present address:

From: _____ To: _____ Own [] Rent []
 Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____

 From: _____ To: _____ Own [] Rent []
 Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____

 From: _____ To: _____ Own [] Rent []
 Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____

High School Education:

Name	Location	Dates Attended		Years Completed	Graduated	
		From	To		Yes	No
G.E.D. (if applicable)						

Higher Education: List information below for all colleges or universities attended.

Name and Location of College or University	Dates Attended		Credit Hours		Degree Received	Year Received
	From	To	Semester	Quarter		

MILITARY:

a. Have you ever served in a military organization of the United State.? Yes [] No [] (INCLUDE COPY OF FORM DD-214)

b. Branch of Service: _____

c. What is the type of your discharge? Be exact.

Honorable [] Dishonorable [] General [] Medical [] Honorable Conditions [] Other: _____

d. Give period or periods of active military service: _____

e. Are you now or were you ever on active or inactive duty of any branch of the United States Reserve Forces?
 Yes [] No [] Active [] Inactive []

f. Are you now or were you ever a member of the National Guard? Yes [] No []

State _____ From _____ To _____ Type of discharge: _____

EMPLOYMENT: Employed [] Unemployed [] Retired [] Other: _____

List all jobs you have held in the last TEN years. Place your present or most recent job **FIRST:**

From: _____ To: _____	Name of Employer: _____
	Street Address: _____
Job Title: _____	City, State, Zip Code: _____
Part-time [] Full-time []	Phone #: _____

List all jobs you have held in the last TEN years.

From:	To:	Name of Employer:
		Street Address:
Job Title:	City, State, Zip Code:	
Part-time [] Full-time []	Phone #:	

List all jobs you have held in the last TEN years.

From:	To:	Name of Employer:
		Street Address:
Job Title:	City, State, Zip Code:	
Part-time [] Full-time []	Phone #:	

Arrest, Detention, and Litigation: (Show all arrests including juvenile delinquent and traffic arrests)

a. Have you ever been arrested by ANY law enforcement agency? Provide police and court records, if available. (Include any arrest in which the records were expunged, Dismissed (ACD) or Sealed):

Crime charged: _____ Police Agency: _____
 Date: _____ Court: _____ Disposition of Case: _____

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 Date: _____ Court: _____ Disposition of Case: _____

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 Date: _____ Court: _____ Disposition of Case: _____

Have you ever been placed on probation? Yes [] No [] If yes, please give details:

CHARACTER REFERENCES: 4 character references are required from CHENANGO COUNTY, whom you have been associated with for a period of sufficient time to certify as to the applicant's capability to possess a pistol permit. References should **NOT** include RELATIVES or names of persons holding an appointed or elected position. ***MUST BE SAME AS ON NY APPLICATION***

Name of Reference	Years Known	Mailing Address	Day/Cell Phone Include Area Code if other than (607)	Residence Phone Include Area Code if other than (607)

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS:

Name and Address Phone Number of Organization	Type (Social, Fraternal, Fire Dept., Professional, Academic, Etc.)	Office or Position Held	Membership	
			From	To

I hereby swear or affirm that there are no misrepresentations or omissions in or falsification of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions, my application may be rejected.

_____ Date

_____ Signature of Applicant

INSTRUCTIONS: Print or type in black ink only

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

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) 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 number, street name, apartment number, city, state, zip code)
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A license is required for the following reasons:

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 (except traffic infractions)? YES NO
If Yes, furnish the following information:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

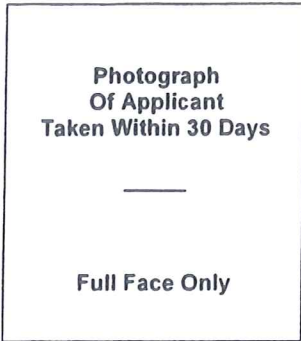
- Are you a fugitive from justice? YES NO
- Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? YES NO
- Are you an alien illegally or unlawfully in the United States? YES NO
- Are you an alien admitted to the United States who does not qualify for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

INSTRUCTIONS: Print or type in black ink only

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

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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)

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

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 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

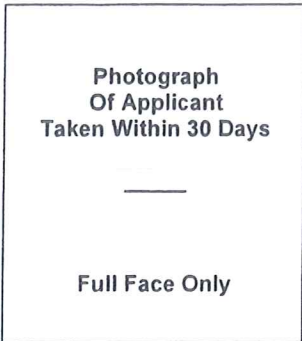
Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year? YES NO

If the answer to any of the questions above is YES, explain here:

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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



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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 _____

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