



**DUTCHESS COUNTY SHERIFF'S OFFICE
PISTOL PERMIT BUREAU
108 PARKER AVE
POUGHKEEPSIE, NY 12601**

HOURS OF OPERATION: MONDAY – FRIDAY 9 AM TO 3:45 PM

TELEPHONE – (845) 486-3883 / (845) 486-3896

EMAIL: DCPISTOLBUREAU@DUTCHESSNY.GOV



APPLICATION

- YOU MUST BE AT LEAST 21 YEARS OF AGE TO APPLY.
- PENAL LAW 400.00 (1) (C) STATES AN INDIVIDUAL IS NOT ELIGIBLE FOR A PISTOL LICENSE IF THEY HAVE BEEN CONVICTED OF A FELONY OR ANY OF THE MISDEMEANOR CONVICTIONS LISTED BELOW WHICH ARE DEFINED AS "SERIOUS OFFENSES" IN PENAL 265.00 (17)
- YOU MUST BE A DUTCHESS COUNTY RESIDENT.
- START FILLING OUT THE NYS APPLICATION AT "LAST NAME".
- DO NOT FOLD THIS APPLICATION.
- USE BLACK INK ONLY.
- COMPLETE THREE COPIES OF THE NYS PISTOL PERMIT APPLICATION AND ATTACH THEM TO THIS APPLICATION (WWW.TROOPERS.NY.GOV/FIREARMS/PPB-3.PDF). THE APPLICATION MUST BE PRINTED DOUBLE SIDED. IF YOUR APPLICATION WAS PURCHASED AT THIS OFFICE THE STATE APPLICATION HAS ALREADY BEEN PROVIDED TO YOU.
- PROVIDE A MONEY ORDER IN THE AMOUNT OF \$25.00 PAYABLE TO "DCSO" WITH YOUR APPLICATION UPON SUBMISSION. THIS FEE IS NON-REFUNDABLE.
- APPLICATIONS CAN BE DROPPED OFF AT THIS OFFICE OR MAILED TO DUTCHESS COUNTY SHERIFF'S OFFICE PISTOL PERMIT BUREAU LOCATED AT 108 PARKER AVE, POUGHKEEPSIE, NY 12601
- PROVIDE A COPY OF ALL DOCUMENTS / RECORDS THAT ARE LISTED ON THE BACK OF THIS PAGE.
- PROVIDE AT LEAST 3 DOCUMENTS PROVING DUTCHESS COUNTY RESIDENCY. THREE OF THE FOLLOWING FORMS OF PROOF OF RESIDENCY ARE ACCEPTED:
 1. CABLE/INTERNET BILL
 2. UTILITY BILL
 3. BANK STATEMENT
 4. GOVERNMENT IDENTIFICATION
- PROOF OF RESIDENCY IN DUTCHESS COUNTY FOR AT LEAST 6 MONTHS PRIOR TO THE APPLICATION DATE.
- PROVIDE COMPLETED REFERENCE FORMS. REFERENCES MUST MEET THE FOLLOWING CRITERIA:
 1. MUST HAVE KNOWN THE APPLICANT FOR AT LEAST 5 YEARS
 2. REFERENCE MUST BE AT LEAST 21 YEARS OLD AND BE A RESIDENT OF DUTCHESS COUNTY.
 3. REFERENCES MAY NOT BE FAMILY MEMBERS, MEMBERS OF THE SAME HOUSEHOLD, POLICE OFFICERS, PEACE OFFICERS, JUDGES, CORRECTIONS OFFICERS, OR ANYONE THAT HAS BEEN CONVICTED OF A CRIME.
- AFTER THE APPLICATION HAS BEEN SUBMITTED WAIT TO BE CONTACTED BY THE PISTOL PERMIT BUREAU. ONCE YOUR APPLICATION HAS BEEN REVIEWED YOU WILL BE CONTACTED TO SCHEDULE AN APPOINTMENT TO BE FINGERPRINTED AS REQUIRED BY NYS. AT THIS TIME, YOU WILL NEED TO BRING WITH YOU AN ADDITIONAL MONEY ORDER FOR THE AMOUNT OF \$105.25 PAYABLE TO "DCSO".
- ALL ARRESTS REQUIRE A CERTIFICATE OF DISPOSITION FROM THE COURT OF JURISDICTION AND MUST BE PROVIDED WITH THIS APPLICATION TO THE D.C.S.O. PISTOL PERMIT BUREAU.
- MAKE SURE ALL PAGES THAT REQUIRE A SIGNATURE ARE SIGNED AND NOTARIZED.

**Penal Law Section 400 – Licenses to carry, possess, repair and dispose of Firearms**

400.00 Licenses to carry, possess, repair and dispose of firearms.

1. Eligibility. No license shall be issued or renewed pursuant to this section except by the licensing officer, and then only after investigation and finding that all statements in a proper application for a license are true. No license shall be issued or renewed except for an applicant (a) twenty-one years of age or older, provided, however, that where such applicant has 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, no such age restriction shall apply; (b) of good moral character; (c) who has not been convicted anywhere of a felony or a serious offense or who is not the subject of an outstanding warrant of arrest issued upon the alleged commission of a felony or serious offense; (d) who is not a fugitive from justice; (e) who is not an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802; (f) who being an alien (i) is not illegally or unlawfully in the United States or (ii) has not been admitted to the United States under a nonimmigrant visa subject to the exception in 18 U.S.C. 922(y) (2); (g) who has not been discharged from the Armed Forces under dishonorable conditions; (h) who, having been a citizen of the United States, has not renounced his or her citizenship; (i) who has stated whether he or she has ever suffered any mental illness; (j) who has not been involuntarily committed to a facility under the jurisdiction of an office of the department of mental hygiene pursuant to article nine or fifteen of the mental hygiene law, article seven hundred thirty or section 330.20 of the criminal procedure law, section four hundred two or five hundred eight of the correction law, section 322.2 or 353.4 of the family court act, or has not been civilly confined in a secure treatment facility pursuant to article ten of the mental hygiene law; (k) who has not had a license revoked or who is not under a 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; (l) in the county of Westchester, who has successfully completed a firearms safety course and test as evidenced by a certificate of completion issued in his or her name and endorsed and affirmed under the penalties of perjury by a duly authorized instructor, except that: (i) persons who are honorably discharged from the United States army, navy, marine corps or coast guard, or of the national guard of the state of New York, and produce evidence of official qualification in firearms during the term of service are not required to have completed those hours of a firearms safety course pertaining to the safe use, carrying, possession, maintenance and storage of a firearm; and (ii) persons who were licensed to possess a pistol or revolver prior to the effective date of this paragraph are not required to have completed a firearms safety course and test; (m) who has not had a guardian appointed for him or her 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, he or she lacks the mental capacity to contract or manage his or her own affairs; and (n) concerning whom no good cause exists for the denial of the license. No person shall engage in the business of gunsmith or dealer in firearms unless licensed pursuant to this section. An applicant to engage in such business shall also be a citizen of the United States, more than twenty-one years of age and maintain a place of business in the city or county where the license is issued. For such business, if the applicant is a firm or partnership, each member thereof shall comply with all of the requirements set forth



in this subdivision and if the applicant is a corporation, each officer thereof shall so comply.

* 1-a. For purposes of subdivision one of this section, serious offense shall include an offense in any jurisdiction or the former penal law that includes all of the essential elements of a serious offense as defined by subdivision seventeen of section 265.00 of this chapter. Nothing in this subdivision shall preclude the denial of a license based on the commission of, arrest for or conviction of an offense in any other jurisdiction which does not include all of the essential elements of a serious offense.

* NB Effective April 3, 2021

Penal Law Section 265.00 (17)

** 17. "Serious offense" means (a) any of the following offenses defined in the former penal law as in force and effect immediately prior to September first, nineteen hundred sixty-seven: illegally using, carrying or possessing a pistol or other dangerous weapon; making or possessing burglar's instruments; buying or receiving stolen property; unlawful entry of a building; aiding escape from prison; that kind of disorderly conduct defined in subdivisions six and eight of section seven hundred twenty-two of such former penal law; violations of sections four hundred eighty-three, four hundred eighty-three-b, four hundred eighty-four-h and article one hundred six of such former penal law; that kind of criminal sexual act or rape which was designated as a misdemeanor; violation of section seventeen hundred forty-seven-d and seventeen hundred forty-seven-e of such former penal law; any violation of any provision of article thirty-three of the public health law relating to narcotic drugs which was defined as a misdemeanor by section seventeen hundred fifty-one-a of such former penal law, and any violation of any provision of article thirty-three-A of the public health law relating to depressant and stimulant drugs which was defined as a misdemeanor by section seventeen hundred forty-seven-b of such former penal law.



- COPY OF SOCIAL SECURITY CARD
- COPY OF A VALID NYS DRIVERS LICENSE WITH CURRENT ADDRESS
- COPIES OF PROOF OF RESIDENCY – UTILITY BILL, BANK STATEMENTS, CABLE BILL, OTHER
- NYS DMV ABSTRACT – COPY CAN BE OBTAINED FROM [HTTPS://WWW.4SAFEDRIVERS.COM/DRIVING-RECORDS/INDIVIDUAL/?STATE=NY](https://www.4safedrivers.com/driving-records/individual/?state=ny) OR FROM A LOCAL DMV OFFICE.
- COPIES OF ALL CERTIFICATES OF DISPOSITIONS FROM ANY ARRESTS, CIVIL ACTIONS, GRAND JURY INDICTMENTS, OR SUMMONS (EXCLUDING MINOR TRAFFIC INFRACTIONS).
- COPIES OF ALL POLICE REPORTS RELATED TO APPLICANT ARRESTS OR ANY REPORT RELATED TO AN APPEARANCE IN CRIMINAL COURT. THIS REPORT MUST INCLUDE A NARRATIVE DETAILING WHAT OCCURRED.
- COPIES OF MILITARY SEPERATION PAPERWORK (DD-214) INDICATING WHAT TYPE OF DISCHARGE YOU RECEIVED.

APPLICATION WARNINGS

- **ALL ARRESTS** REGARDLESS OF DISPOSITION MUST BE DISCLOSED IN THIS APPLICATION. THIS INCLUDES ARRESTS THAT WERE DISMISSED.
- AN ARREST, FOR THE PURPOSES OF THIS APPLICATION, INCLUDES APPEARANCE TICKETS ISSUED OR CRIMINAL SUMMONS ISSUED TO YOU OR GRAND JURY INDICTMENTS. PLEASE KEEP IN MIND YOU DON'T HAVE TO BE HANDCUFFED OR TAKEN TO A POLICE STATION TO HAVE BEEN ARRESTED.
- A TRAFFIC TICKET WHERE AN INFRACTION IS ALL ALLEGED DOES NOT HAVE TO BE DISCLOSED. (EX. SPEEDING TICKET)
- PLEASE REVIEW THE FOLLOWING:

CRIMINAL SUMMONS – YOU HAVE BEEN DIRECTED TO APPEAR IN COURT BY A JUDGE TO ANSWER AN ALLEGATION MADE AGAINST YOU FOR AN ALLEGED VIOLATION OF LOCAL OR STATE LAWS AND ORDINANCES.

APPEARANCE TICKET – YOU WERE GIVEN DOCUMENTATION DIRECTING YOUR APPEARANCE IN COURT FOR A VIOLATION OF LOCAL LAW OR STATE LAW.

COURT DISPOSITION- GUILTY PLEA, CASE DISMISSED, ADJOURNMENT IN CONTEMPLATION OF DISMISSAL, JUVENILE CASE DISPOSITIONS TO INCLUDE YOUTHFUL OFFENDER STATUS AND ALL OTHER COURT DISPOSITIONS THAT MAY EXIST WITHIN OR OUTSIDE OF NEW YORK STATE.

GRAND JURY INDICTMENT – YOU WERE INDICTED BY A GRAND JURY AND EITHER ARRESTED OR ORDERED TO APPEAR BEFORE COUNTY COURT FOR ARRAIGNMENT.

- ALL PISTOL PERMIT APPLICATIONS ARE INVESTIGATED BY A DETECTIVE ASSIGNED TO THE PISTOL PERMIT BUREAU.
- ANY OMISSIONS OR FALSE INFORMATION PROVIDED TO THE SHERIFF'S OFFICE IN THIS APPLICATION MAY BE INVESTIGATED AS A CRIMINAL OFFENSE OR RESULT IN YOUR APPLICATION BEING WITHDRAWN FOR A PERIOD OF TIME.
- ALL QUESTIONS REGARDING ARRESTS OR CRIMINAL HISTORY MUST BE DIRECTED TO THE D.C.S.O. PISTOL PERMIT BUREAU.



| | | | | |
|--|---------------|---|---|--|
| LAST NAME | | FIRST NAME | | M.I. |
| CURRENT ADDRESS (REMINDER THIS ADDRESS MUST BE WHERE YOU ACTUALLY RESIDE AND WILL BE VERIFIED) | | | | |
| LIST ALL NAMES YOU HAVE GONE BY (MAIDEN NAMES, ALIAS, OR OTHER) | | | | |
| D.O.B. | SEX | SOCIAL SECURITY NUMBER | | DRIVERS LICENSE # |
| HEIGHT | WEIGHT | EYE COLOR | HAIR COLOR | PLACE OF BIRTH |
| HOME PHONE NUMBER | | CELL PHONE NUMBER | | EMAIL ADDRESS |
| RACE | | ETHNICITY | | MARITAL STATUS (SINGLE, MARRIED, DIVORCED, SEPARATED) |
| SPOUSE/DOMESTIC PARTNER NAME AND PHONE NUMBER | | | | |
| CITIZENSHIP | | | | |
| <input type="checkbox"/> CITIZEN BY BIRTH | | <input type="checkbox"/> NATURALIZED CITIZEN # | | <input type="checkbox"/> RESIDENT ALIEN # |
| EMPLOYER NAME | | | OCCUPATION | |
| EMPLOYER ADDRESS | | | SUPERVISOR NAME AND CONTACT NUMBER | |
| WORK EMAIL ADDRESS | | | | |
| LIST A PERSON THAT CAN SAFEGUARD YOUR FIREARMS IN THE EVENT OF YOUR DEATH OR SERIOUS INJURY | | | | |
| NAME: | | HOME PHONE: | | CELL PHONE: |
| EMAIL ADDRESS: | | | | |
| LIST TWO FAMILY MEMBERS THAT DO NOT RESIDE WITH YOU | | | | |
| 1. | | HOME PHONE: | | CELL PHONE: |
| 2. | | HOME PHONE: | | CELL PHONE: |
| LIST ALL ASSOCIATES OTHER THAN CHILDREN THAT CURRENTLY RESIDE WITH YOU OR HAVE RESIDED WITH YOU IN THE PAST 10 YEARS. | | | | |
| 1. | | HOME PHONE: | | CELL PHONE: |
| 2. | | HOME PHONE: | | CELL PHONE: |
| 3. | | HOME PHONE: | | CELL PHONE: |
| 4. | | HOME PHONE: | | CELL PHONE: |
| 5. | | HOME PHONE: | | CELL PHONE: |
| LIST THREE KNOWN ASSOCIATES THAT ARE NOT LISTED AS REFERENCES IN THIS APPLICATION | | | | |
| 1. | | HOME PHONE: | | CELL PHONE: |
| 2. | | HOME PHONE: | | CELL PHONE: |
| 3. | | HOME PHONE: | | CELL PHONE: |
| LIST ALL PRIOR RESIDENCES IN THE LAST 20 YEARS | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| HAS YOUR PISTOL LICENSE EVER BEEN SUSPENDED OR REVOKED | | IF YES LIST REASON | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |



| | |
|---|---|
| HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO | HAVE YOU EVER FAILED TO APPEAR IN COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

IF YOU HAVE BEEN ARRESTED AND/OR FAILED TO APPEAR IN COURT PLEASE EXPLAIN BELOW THE CIRCUMSTANCES. INCLUDE WHAT THE ARREST WAS FOR, THE DATE, THE DISPOSITION, AND A BRIEF EXPLANATION OF WHAT YOU WERE ACCUSED OF DOING.

| | |
|---|---|
| ARE YOU OR HAVE YOU EVER BEEN IN THE UNITED STATES MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT WAS YOUR DESIGNATED SEPARATION STATUS <input type="checkbox"/> HONORABLE <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> MEDICAL |
|---|---|

IF YOU RECEIVED ANYTHING OTHER THAN HONORABLE DISCHARGE PLEASE EXPLAIN BELOW.

REASON FOR APPLYING FOR A PISTOL PERMIT

HUNTING TARGET SHOOTING PERSONAL DEFENSE REQUIRED FOR EMPLOYMENT OTHER -

IF "PERSONAL DEFENSE", "REQUIRED FOR EMPLOYMENT", OR "OTHER" IS CHECKED PLEASE GIVE A WRITTEN EXPLANATION BELOW:



I, _____ HAVE READ EACH PAGE OF THIS APPLICATION AND HAVE ANSWERED EACH QUESTION TRUTHFULLY AND WITHOUT OMISSION. I FURTHER UNDERSTAND THAT I AM BEING CONSIDERED FOR A NEW YORK STATE PISTOL PERMIT AND CONSENT TO A COMPLETE BACKGROUND INVESTIGATION CONDUCTED BY THE DUTCHESS COUNTY SHERIFF'S OFFICE.

IN FURTHERANCE OF THE BACKGROUND INVESTIGATION, I CONSENT TO AND AUTHORIZE THE DISCLOSURE OF ALL INFORMATION THE DUTCHESS COUNTY SHERIFF'S OFFICE DEEMS RELEVANT TO THE EVALUATION OF MY ELIGIBILITY AND FITNESS TO HOLD A PISTOL PERMIT IN NEW YORK STATE.

I, THEREFORE, AUTHORIZE THE DISCLOSURE TO THE DUTCHESS COUNTY SHERIFF'S OFFICE OF SUCH INFORMATION, FILES AND RECORDS BY ALL MY FORMER AND CURRENT EMPLOYERS, EDUCATION INSTITUTIONS, GOVERNMENTAL BODIES, PROFESSIONAL ASSOCIATIONS, MEDICAL AND HEALTH CARE PRACTITIONERS, AND DISCIPLINARY OR GRIEVANCE BODIES AS MAY RELATE TO ME.

I HEREBY WAIVE ANY PRIVILEGE OF CONFIDENTIALITY WITH RESPECT TO THE RELEASE OF ANY SUCH INFORMATION TO THE DUTCHESS COUNTY SHERIFF'S OFFICE.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL WHICH SHALL REMAIN ON FILE AT THE DUTCHESS COUNTY SHERIFF'S OFFICE.

I UNDERSTAND THAT FALSE STATEMENTS MADE IN THE FOREGOING INSTRUMENT (NEW YORK STATE PISTOL PERMIT AND DUTCHESS COUNTY SHERIFF'S OFFICE PISTOL PERMIT) IS A CRIME AND PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW. IN ADDITION, I UNDERSTAND THAT IF I PROVIDE FALSE INFORMATION OR STATEMENTS MY APPLICATION MAY BE DENIED.

SIGNATURE

PRINT NAME

DATE

Jurat:

Signed and sworn before me this _____ day
of _____,
20_____,
At _____,
New York.

**DUTCHESS COUNTY SHERIFF'S OFFICE PISTOL PERMIT BUREAU
CHARACTER REFERENCE LETTER- 4 REFERENCE LETTERS MUST BE COMPLETED**

The below listed individual is applying for a license to carry a concealable firearm and has given you name as a reference. Please answer all questions and have this form notarized. If necessary, attach a separate sheet of paper and have it notarized. It is important to be honest and if you are unsure please ask the applicant.

Pistol Applicant:

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____

..... STREET CITY STATE ZIP

THIS SECTION TO BE COMPLETED BY THE PERSON PROVIDING THE CHARACTER REFERENCE

PLEASE NOTE: All persons completing a character reference on behalf of the applicant must be a resident of Dutchess County and may not be related to the applicant by blood ancestry or by marriage (in law) and must have known the applicant for a sufficient period of time to be able to establish the applicant's character and reputation in the community.

Reference information:

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____

..... STREET CITY STATE ZIP

Birth Date: ___/___/___ Sex: _____ Social Security #Last four only _____

E-Mail: _____ Telephone:Home: _____ Cell: _____

Occupation: _____ Employer: _____

Address: _____

..... Street City State Zip

In what manner do you know the applicant and for how long have you known him/her?

Have you ever known the applicant to use alcohol to excess?

What is the applicants general temperament? Have you ever known the applicant to engage in aggressive, threatening, violent or bizarre behavior? If so please explain.

Have you ever known the applicant to use drugs illegally or for social purposes? If so please explain:

Do you know of any contacts that the applicant may have had with the criminal justice system or of any unfavorable incident(s) involving the applicant? Please explain (attachment if required)

What is your overall opinion of the applicant relating to possessing concealable firearms?

REFERENCE NAME (PRINT) X REFERENCE SIGNATURE

STATE OF NEW YORK)
COUNTY OF DUTCHESS)

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____ DAY OF _____ YEAR _____

X _____
SIGNATURE OF NOTARY PUBLIC

**DUTCHESS COUNTY SHERIFF'S OFFICE PISTOL PERMIT BUREAU
CHARACTER REFERENCE LETTER- 4 REFERENCE LETTERS MUST BE COMPLETED**

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STREET

CITY

STATE

ZIP

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STREET

CITY

STATE

ZIP

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Occupation: _____ Employer: _____

Address: _____

Street

City

State

Zip

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STATE OF NEW YORK)
COUNTY OF DUTCHESS)

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____ DAY OF _____ YEAR _____

X _____
SIGNATURE OF NOTARY PUBLIC

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..... STREET CITY STATE ZIP

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Reference information:

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ADDRESS: _____

..... STREET CITY STATE ZIP

Birth Date: ___/___/___ Sex: _____ Social Security #Last four only _____

E-Mail: _____ Telephone:Home: _____ Cell: _____

Occupation: _____ Employer: _____

Address: _____

..... Street City State Zip

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REFERENCE NAME (PRINT) X REFERENCE SIGNATURE

STATE OF NEW YORK)
COUNTY OF DUTCHESS)

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____ DAY OF _____ YEAR _____

X _____
SIGNATURE OF NOTARY PUBLIC

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STREET

CITY

STATE

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STREET

CITY

STATE

ZIP

Birth Date: ___/___/___ Sex: _____ Social Security #Last four only _____

E-Mail: _____ Telephone:Home: _____ Cell: _____

Occupation: _____ Employer: _____

Address: _____

Street

City

State

Zip

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REFERENCE NAME (PRINT) X REFERENCE SIGNATURE

STATE OF NEW YORK)
COUNTY OF DUTCHESS)

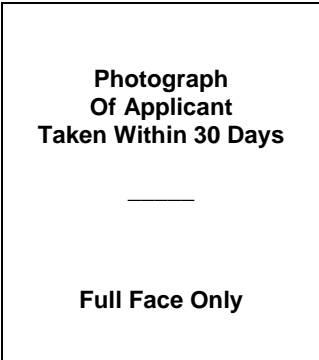
SUBSCRIBED AND SWORN BEFORE ME ON THIS ____ DAY OF _____ YEAR _____

X _____
SIGNATURE OF NOTARY PUBLIC

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. Contains 4 rows of data.

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.