



*Office of the County Clerk*  
Monroe County, New York

**Cheryl Dinolfo**  
*County Clerk*

Dear Pistol Permit Applicant:

The Monroe County Clerk's Office is an administrative agency, providing a "pass through" for pistol permit applications as they make their way through the authorization process. Due to the number of agencies involved, two of which are located in Albany, **the processing of a pistol permit application can take approximately 6 to 8 months.**

The State Department of Mental Hygiene and the State Department of Criminal Justice Services, both in Albany, as well as the Rochester Police Department for city residents and the Monroe County Sheriff's Office for suburban residents, must review and comment on pistol permit applications. After those reviews are complete, the applications are forwarded to a County Court Judge for approval or disapproval. **Applicants will receive notices of approval or disapproval from a Judge.**

If you do not hear from a Judge **after approximately 6 to 8 months** of filing your application, you may call us at 753-1642 and we will attempt to determine the status of your application. Thank you in advance for your patience. Please remember the time frame for approval is approximate.

Sincerely,

A handwritten signature in black ink that reads "Cheryl Dinolfo". The signature is written in a cursive, flowing style.

Cheryl Dinolfo  
Monroe County Clerk

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# MONROE COUNTY PISTOL PERMIT APPLICATION REQUIREMENTS, INSTRUCTIONS AND ADDITIONAL INFORMATION

## **REQUIREMENTS:**

An applicant must be at least 21 years of age to apply for a pistol permit, unless the 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.

An applicant must be a Monroe County resident for at least 6 months.

An applicant must provide 4 character references that must be Monroe County residents that have known you for at least 3 years. These references **may not** be law enforcement, family members or anyone who may be included as a member of your household. This also includes boyfriend/girlfriend and husband/wife.

If you have lived in Monroe County for less than 3 years, you must provide 4 character references from Monroe County residents who have known you for as long as you have lived here; and 3 additional notarized references from persons who live in the state or county where you previously lived. Please contact the Monroe County Clerk's Office to request the appropriate forms at 753-1642.

## **INSTRUCTIONS FOR CITY RESIDENTS** (individuals living within the City limits)

### **1. Complete both applications and all enclosed forms.**

- Print legibly in black ink
- On the applications, start with your last name in the gray shaded area and work down
- Fill out both copies of the permit application
- DO NOT sign the application until you are in front of a clerk
- Fill out one proof of character form
- Fill out one Department of Mental Hygiene inquiry
- Fill out Rochester Police Department's medical forms and Applicant Questionnaire

### **2. Obtain 4 identical photos (approximately 2x2, on photo paper with a white background). The Monroe County Clerk's Office offers these photos for \$14. Passport photos are acceptable. Please do not attach the photos to the application.**

### **3. Obtain fingerprints from the Rochester Police Department. A valid photo ID with signature is required for identification. Bring your completed application, forms and photos with you. Also, bring your \$125.00 fee by cash, Postal Money Order or Bank Check payable to the "City Treasurer".**

## **Rochester Police Department**

Public Safety Building  
185 Exchange Boulevard  
Rochester, NY 14614

**Hours:** Monday-Friday  
1:00 p.m. to 3:00 p.m.

### **4. Bring the following to the Monroe County Clerk's Office between the hours of 9:00 a.m. and 5:00 p.m. at 39 West Main Street, Room 101, Rochester NY 14614. No appointments necessary.**

- all completed documents – two applications, proof of character and mental hygiene forms, Rochester Police Department forms and photos
- \$10.00 (cash, check or charge) payable to the Monroe County Clerk

## **ADDITIONAL INFORMATION**

Application fees are not refundable.

If you buy or own a gun, be sure to include the make, caliber, serial number and model of each weapon in the space provided on the back of the application. If you elect to list a gun on your permit application, a bill of sale must accompany the application. Private bills of sale from individuals must be notarized and accompanied with a photocopy of both sides of the seller's permit.

Unregistered pistols in your possession or out-of-state pistols must be turned in to law enforcement officials until your permit is issued. If you have an unregistered pistol, please call 911 and request to meet with an officer to surrender the pistol into their custody. You will be given a receipt for the pistol(s), which must be included with your application. You will also need to include a notarized letter explaining how the pistol was obtained and whether it was legally registered elsewhere.

It is not required that you acquire a gun before you apply for a pistol permit.

## **WHAT DOES ARREST MEAN?**

Your pistol permit application specifically states: "Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?"

You must state all arrests regardless of whether or not you were convicted. Sealed charges must also be listed.

### What does arrest mean?

- You were given an appearance ticket by a police officer to appear before a judge for anything from a town/village ordinance on up to a felony.
- You were handcuffed and taken to jail.
- You were fingerprinted and photographed for a criminal matter of DWI by the police.
- A warrant for an arrest was issued for you and you either were directed to turn yourself into a police department or appear before a judge.
- You were directed by a police officer to appear before a judge.

Any omission of fact or any false statement will be sufficient cause to **deny this application** and constitutes a crime punishable by fine, imprisonment or both.

If you appeared in Court, you must provide an official disposition from the Court(s) with your application. We need to know the final outcome of your case(s).

Even if the Court no longer has record of the outcome of your case(s) because it is a very old case(s) or they have destroyed the record or your case(s) were sealed; you still have a criminal record and all New York State Police Departments have full access to this information, even if it was an out-of-state arrest.

The term "sealed record" means that at the time of your last court appearance it was the Judge's decision to close the case so only authorized persons can view the outcome. Most courts and police departments will not give you this information. It will appear as "no record" when you request a criminal record check at a police department or request dispositions from the courts. This does not mean that you were not arrested or that you don't have a criminal record.

You must state all arrests even if you do not remember the dates or dispositions, even if you have had multiple arrests over several years. If you appeared before the Judge, you must state it.

**REMEMBER: IF YOU DO NOT STATE ALL ARRESTS ON YOUR APPLICATION, YOUR APPLICATION MAY BE TERMINATED FROM FURTHER PROCESSING.**

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.

INSTRUCTIONS: Print or type in black ink only

NYSID NUMBER											PPB-3 (REV. 03/11)	COUNTY OF ISSUE					
LICENSE NUMBER											<b>STATE OF NEW YORK</b>				CODE		
DATE OF ISSUE	MONTH	DAY	YEAR	PISTOL /REVOLVER LICENSE APPLICATION							EXPIRATION DATE	MONTH	DAY	YEAR			
LAST NAME					FIRST NAME					MI	MONTH	DAY	YEAR	SEX			
RESIDENCE ADDRESS					CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK					DATE OF BIRTH		ZIP CODE					
HGT (In)	WGT (lbs)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER			PRESENT OCCUPATION			CITIZEN OF U.S.A. <input type="checkbox"/> YES <input type="checkbox"/> NO						
EMPLOYED BY			NATURE OF BUSINESS			BUSINESS ADDRESS											

I HEREBY APPLY FOR A PISTOL/ REVOLVER LICENSE TO: (Check one only)  CARRY CONCEALED  \* POSSESS ON PREMISES  
 \* POSSESS/ CARRY DURING EMPLOYMENT (\* Premise address or place of employment must be provided)

STREET ADDRESS OR OTHER LOCATION CITY, VILLAGE, TOWN ZIP CODE

A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	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:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

- HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE?  YES  NO
  - HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE?  YES  NO
  - HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS?  YES  NO
  - HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED?  YES  NO
  - DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN?  YES  NO
  - HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT?  YES  NO
- IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

\_\_\_\_\_

FULL FACE ONLY

ANY OMISSION OF FACT OR ANY FALSE STATEMENT 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:

- NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS VALID IN THE CITY OF NEW YORK.
- 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.
- 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.
- 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

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

APPLICATION NOT VALID UNLESS SWORN

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

**PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY**

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS
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**IMPRESSIONS**

**TAKEN BY:**      NAME \_\_\_\_\_ RANK \_\_\_\_\_ SHIELD \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE AND ADDRESS:

**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 OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:**

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	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.

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.

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LAST NAME											FIRST NAME	MI	MONTH	DAY	YEAR	SEX			
RESIDENCE ADDRESS											CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK				DATE OF BIRTH	ZIP CODE			
HGT (in)	WGT (lb)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER				PRESENT OCCUPATION				CITIZEN OF U.S.A. <input type="checkbox"/> YES <input type="checkbox"/> NO						
EMPLOYED BY	NATURE OF BUSINESS				BUSINESS ADDRESS														

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 \* POSSESS/ CARRY DURING EMPLOYMENT (\* Premise address or place of employment must be provided)

STREET ADDRESS OR OTHER LOCATION CITY, VILLAGE, TOWN ZIP CODE

A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

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LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

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DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE?  YES  NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE?  YES  NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS?  YES  NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED?  YES  NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN?  YES  NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT?  YES  NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH  
OF APPLICANT  
TAKEN WITHIN 30 DAYS

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FULL FACE ONLY

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- 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

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**PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY**

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

**IMPRESSIONS**

**TAKEN BY:**      NAME \_\_\_\_\_ RANK \_\_\_\_\_ SHIELD \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE AND ADDRESS: \_\_\_\_\_

**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 OR REVOLVER AT THE TIME OF ISSUE OF ORIGINAL LICENSE, FURNISH THE FOLLOWING INFORMATION:**

MANUFACTURER	PISTOL OR REVOLVER	CALIBER	SERIAL NUMBER	MODEL	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.

## APPLICANT AND REFERENCE CONTACT INFORMATION

Name of Applicant: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

(Complete Mailing Address)

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

### Spouse (If applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

### Character References:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

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# City of Rochester

Rochester Police Department  
185 Exchange Boulevard  
Rochester, New York  
14614-2124



**James M. Sheppard**  
Chief of Police

State of New York  
Department of Mental Hygiene  
44 Holland Avenue  
Albany, New York 12225

In order that we may comply with the legislation on the issuance of pistol permits, we would appreciate information concerning the person listed below:

**Name:** \_\_\_\_\_

**Alias/Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Permit#:** \_\_\_\_\_

Thank you for your Cooperation.

Sincerely,

**James M. Sheppard**  
Chief of Police



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**Rochester Police Department, License Investigation Unit, Pistol Permit APPLICANT Questionnaire**

Applicant's Name: \_\_\_\_\_ DOB (Date of Birth): \_\_\_\_\_

List all AKA's, ALIAS's and other names and DOB's that you have used: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_ Telephone number: \_\_\_\_\_

**\*\*ALL QUESTIONS MUST HAVE A DETAILED RESPONSE AND BE ANSWERED TRUTHFULLY UNDER PENALTY OF PERJURY\*\***

What is your current address? \_\_\_\_\_

How long have you lived at the address listed above? \_\_\_\_\_ Years \_\_\_\_\_ Months

List all parties who reside at the listed address, include DOB's and any cellular or other telephone information for each individual listed: \_\_\_\_\_

Marital Status: Married Single Divorced Widow(er)

Name of Spouse or Significant Other (includes DOB, telephone or other contact information and address if different than yours): \_\_\_\_\_

How long have you been with your Spouse or Significant Other: \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you have children with your Spouse or Significant Other (if so, list all of the children's names, DOB's, telephone or other contact information and address if different than yours): \_\_\_\_\_

Within the past 10 years did you have a significant relationship (if so, list the name, DOB, and contact information of that person): \_\_\_\_\_

Do you have children with your previous significant other (if so, list all of the children's names, DOB's, telephone or other contact information): \_\_\_\_\_

**ARE YOU A UNITED STATES CITIZEN: YES NO**

**IF YOU ARE NOT A UNITED STATES CITIZEN YOU MUST PROVIDE A COPY OF YOUR PASSPORT, GREEN CARD AND VALID New York STATE DRIVES LICENSE**

Describe why you are applying for a pistol permit: \_\_\_\_\_

Do you currently own or possess any rifles, shotguns, long bows or cross bows, etc? YES NO

If you own any of the above, where do you store them? \_\_\_\_\_

Have you ever been interviewed by any police officer, sheriff's deputy, or any Law Enforcement official in relationship to any crime (if so, state when, where and the circumstances why you were questioned):

(Exclude Traffic Summons and Violations you are required to include domestic situations, any Traffic misdemeanors, and all other contacts)

Have you ever been terminated from employment (if so, provide contact information from the terminating employer and the reason for your termination): \_\_\_\_\_

Have you ever been named as a respondent/petitioner in an Order of Protection (if so, provide the court of issuance, date of issue and circumstances surrounding the Order of Protection): \_\_\_\_\_

Have you used any illegal drugs or abused any type of prescription drugs( if so, provide the name of the illegal drug and date of last use, you are also required to furnish the name of prescription drug you abused, date last used and prescribing doctor ):

Do you consume alcohol (if so, provide the type of alcoholic drink you consume, and how often you consume alcohol): \_\_\_\_\_

Has drinking alcohol ever been a problem for you (if so, state in detail the extent of your alcohol related problem and what steps you have done to correct that problem): \_\_\_\_\_

Have you ever received drug or alcohol counseling (if so, state when, where and the contact information of the counseling facility): \_\_\_\_\_

Do you currently take **ANY** medication for anxiety, depression, bi-polar disorder etc (if so, state in detail what medication(s) you are taking, the prescription number and how long you have been taking the medication. In addition, you are required to provide the Prescribing MD contact information): \_\_\_\_\_

**\*\*\*IF YOU ANSWERED YES, YOU MUST COMPLETE A MEDICAL RELEASE FORM\*\*\***

Have you **EVER** received counseling/psychological treatment for any reason (if so, state in detail the nature, location, and treatment outcome and contact information of the MD or Therapist): \_\_\_\_\_

**\*\*\*IF YOU ANSWERED YES, YOU MUST COMPLETE A MEDICAL RELEASE FORM\*\*\***

Has prescription medication ever been a problem for you (if so, state in detail the extent of the issue, dates of when you were on the medication, whether or not you are still on the medication and the contact information of the MD or Therapist who prescribed the medication): \_\_\_\_\_

**Verification by Subscription and Notice**

**Under Penal Law Section 210.45**

*It is a crime, punishable as a class A misdemeanor under the laws of the State of New York, for a person, in and by written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true.*

Affirmed under penalty of perjury this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

**DO NOT WRITE IN THIS AREA: Section to be completed by Investigating Officer**

Investigating Officer: \_\_\_\_\_ IBM \_\_\_\_\_ CR# \_\_\_\_\_

Attempts to contact applicant:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Time: \_\_\_\_\_



# City of Rochester

Rochester Police Department  
185 Exchange Boulevard  
Rochester, New York  
14614-2124



James M. Sheppard  
Chief of Police

Dear Pistol Permit Applicant:

If you take any medication for anxiety, depression, bi-polar disorder, post traumatic stress disorder, etc. or have been to counseling or seen a Psychiatrist or Psychologist for any reason, **you MUST complete the attached Authorization for Release of Personal Information**. This will prevent further delays in processing your application. (Being on medication or receiving Mental Health services is NOT an automatic dismissal)

**Note: Please leave the expiration date blank. The investigating Officer will fill it in upon contacting your prescribing MD or counselor.**

## CONTACT INFORMATION

### Prescribing MD, Counselor, Psychiatrist, or Psychologist etc.

Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_





**AUTHORIZATION TO RELEASE MEDICAL, PSYCHIATRIC AND SURGICAL DATA  
AND PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize the release, review and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent of the City of Rochester Police Department, whether the said record(s) are public, private or confidential in nature.

The purpose of this authorization is to give consent for full and complete disclosure of the records of any; educational institutions; public utility companies; Armed Forces of the United States, or any contry or any territory, or in the reserve forces of the National Guard; medical, psychological and psychiatric reports of consultation, treatment and evaluation at or any hospital, clinic, private practitioner and the United States Veteran's Administration.

**Federal HIPAA Compliance Authorization**

1. Purpose: Pistol permit application submitted to the City of Rochester Police Department.
2. Time Frame and authorization needed: any and all pertinent and up to date medical records.
3. (Leave blank; To be completed by Investigating Officer) \_\_\_\_/\_\_\_\_/\_\_\_\_
4. The candidate has the right to revoke the authorization in writing. The candidate must be aware that the potential for information disclosed pursuant to this authorization to be subject to re-dislosure by the recipient and no longer protected under this rule.

Employment and pre-employment records, including salary records, background reports, polygraph test questions, answers and reports, pre-employment and promotional examinations; records of complaint, arrest, trial and/or convictions for alleged violations of law, including criminal and/or traffic records and records of complaints of civil nature made by me or against me, wherever located, including the records and recollections of any attorney at law or counsel, whether representing me or another person in any case in which I have been a part or had and interest.



**MEDICAL RELEASE FORM - Authorization for Release of Personal Information**

It is my specific intent to provide access to personal information and to release copies and abstracts however personal or confidential they may appear to be. The sources of information specifically enumerated herein are for illustrative purposes only and such enumeration shall not be used to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of personal life for the specific purpose of conducting a background investigation, which may provide pertinent data for the City of Rochester Police Department to consider in determining my suitability for a pistol permit in the City of Rochester, County of Monroe, State of New York.

In any event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the organization and the person to whom this request is presented as well as their agents and employees from and against all claims, damages, losses and request expenses, including reasonable attorney fees, arising out of or by reason of complying with the request.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

**DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security Number** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Dated** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

STATE OF NEW YORK)  
COUNTY OF MONROE)  
CITY OF ROCHESTER)

ss:

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the subscriber \_\_\_\_\_ appeared, and personally known to me to be the same person referred to above, duly affixed his/her signature thereto.

\_\_\_\_\_  
NOTARY PUBLIC/COMMISSIONER OF DEEDS

**\*\*\*\*Failure to provide all medical records may result in disqualification of the applicant\*\*\*\***

## Questions Continued

- Q. I am moving out of state. Will I still be able to keep my NY State pistol permit?
- A. In general, once a resident has moved out to another state, his/her pistol permit is void.
- Q. Is a pistol permit issued by a licensing officer in an upstate county valid in New York City?
- A. No. A pistol permit issued by an upstate county is valid in any county in New York State except New York City.
- Q. What section of the Penal Law authorizes the placing of restrictions on pistol permits by the issuing authority?
- A. The Penal Law does not specifically authorize the placing of restrictions on pistol permits. However, court decisions have consistently supported the ability of licensing officials to impose these restrictions. Such an imposition is an administrative function of the licensing officer.
- Q. I heard that if I put down "self defense or personal protection" on my permit application it will be denied? This is false. Do not be "creative" with the reasons you require a handgun. Be direct and to the point.
- Q. My permit has restrictions on it. What can I do?
- A. Send a well-written correspondence to the issuing judge detailing your reasons for requesting the lifting of restrictions. Note: This does not guarantee that the judge will lift the restrictions.
- Q. How long does it take to get a pistol permit in Monroe County?
- A. Generally, the population in a county has a direct affect on the speed in which the permit application and investigation are completed. Monroe County has a large population thus, more applications.

## MONROE COUNTY SHERIFF'S OFFICE HOME FIREARMS SAFETY COURSE

This course is a 4 hour informational discussion with participation. The Home Firearms Safety Course covers topics such as:

- Fundamentals of firearm safety
- Safe home storage of firearms
- Pistol permit licensing and permit Q & A
- New York State Penal Law Article 35 (defense of life and property)
- Domestic violence and firearms
- Prohibited locations to carry

The course is pre-scheduled for one Thursday a month and is conducted at the:

Public Safety Training Facility  
1190 Scottsville Road Rochester, NY.

Call 585-753-4759 for registration information.

## Monroe County Sheriff's Office

130 S. Plymouth Ave  
Rochester, New York 14614  
(585) 753-4178



## Police Bureau

PATRICK M. O'FLYNN  
Sheriff

[www.monroecountysheriff.com](http://www.monroecountysheriff.com)

For reports or emergencies call **911**

MONROE COUNTY SHERIFF'S OFFICE

# FIREARMS SAFETY



**SHERIFF**

# FIREARMS SAFETY STARTS WITH YOU!

DO YOU HAVE FIREARMS IN YOUR HOUSE?

ARE THEY STORED PROPERLY?

DOES YOUR FAMILY KNOW HOW TO HANDLE THEM SAFELY?



## BASIC GUN SAFETY RULES

ANYONE TOUCHING A FIREARM SHOULD KNOW:

1. Treat every firearm as if it were loaded.
2. Never allow the muzzle to point at anything you are not willing to see destroyed.
3. Be sure of your target and know what lies behind it.
4. Keep your finger off the trigger until your sights are aligned on target.
5. Be sure your guns are never accessible to unauthorized or untrained individuals.

## SUPPLEMENTAL SAFETY RULES

Alcohol & gunpowder don't mix -- Don't shoot or handle firearms after drinking or using psycho-active drugs.

Get training before shooting. The Monroe County Sheriff Office offers a Home Firearms Safety Course.

Learn & follow range rules for the location where you're shooting.

Wear hearing protection and safety glasses.

## KEY GUIDELINES FOR SAFE STORAGE INCLUDE:

Unloaded firearms should be stored in a locked cabinet, safe, gun vault or storage case. Be sure to place a locked storage case in a location inaccessible to children.

Unloaded firearms can also be secured with a gun locking device that renders the firearm inoperable. A gun lock should be used as an additional safety precaution and not as a substitute for lock storage. If firearms are disassembled, parts should be securely stored in separate locations.

Rules continued

Store ammunition in a locked location separate from firearms.

Always re-check firearms carefully and completely to confirm that they are "still" unloaded when you remove them from storage.

## SAFETY AND STORAGE DEVICES:

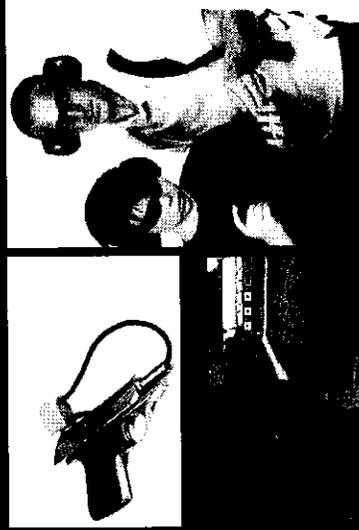
If you decide to keep a firearm in your home you must consider the issue of how to store the firearm in a safe and secure manner.

There are a variety of safety and storage devices currently available. Some devices are locking mechanisms designed to keep the firearm from being loaded or fired, but don't prevent the firearm from being handled or stolen.

There are also locking storage containers that hold the firearm out of sight. For maximum safety you should use both a firearm safety device and a locking storage container to store your unloaded firearm.

## REMEMBER:

Safety and storage devices are only as secure as the precautions you take to protect the key or combination to the lock.



## Frequently Asked Questions

- Q. What happens to lawfully possessed firearm belonging to a licensee who has died?
- A. The person designated as the executor or administrator of the deceased's estate may lawfully possess the firearms in question for a period of up to 15 days for the sole purpose of lawfully disposing of the firearms. If this cannot be accomplished within the 15 day time frame, the weapons must be surrendered to a law enforcement agency.
- Q. Are antique handguns subject to the same laws as those applied to modern handguns?
- A. The Penal Law definition of antique firearm is generally applied to muzzle loading black powder firearms, but also applies to pistols or revolvers "that use fixed cartridges which are no longer available in the ordinary channels of commercial trade". Muzzle loading pistols or revolvers do not have to be registered on a pistol permit if the owner never intends to fire them.
- A. If they are possessed in a loaded condition or are simply possessed simultaneously with the components necessary to make them fire, they must first be registered on a valid pistol permit.
- Q. When can a licensing officer revoke a pistol permit?
- A. The New York State Penal Law provides a number of instances which mandate the automatic revocation of a pistol permit, such as conviction for a felony-level crime or a serious offense. The law also provides for the cancellation of a license at any time by a judge or justice of a court of record who decides that a licensee is no longer fit to possess firearms.
- Q. Can a licensee who owns two homes in separate counties obtain pistol permits in both counties?
- A. No. An application for a pistol permit can only be made in the county in which the applicant primarily resides.