



Office of the County Clerk

Monroe County, New York

Ms. Jamie Romeo
County Clerk

Mr. Thaddeus Mack
Deputy County Clerk

September 2022

Dear Pistol Permit Applicant:

The Monroe County Clerk's Office is proud to be the lead administrative agency that provides a pass-through for pistol permit applications as they make their way through the authorization process. Due to the number of agencies involved and the tasks required of each of these agencies, according to state and federal law, **the processing of a pistol permit application can take up to 12 months, with a majority completed within 6 months.**

The County Clerk's Office facilitates the transfer of the pistol permit file to the Monroe County Sheriff's Office for suburban residents and the Rochester Police Department for City residents. Law Enforcement will conduct a thorough investigation, interview references, and receive comment from the State Department of Mental Hygiene and the State Department of Criminal Justice Services. Thereafter, a recommendation is made to the Court for approval or denial.

Once the County Clerk's Office receives the pistol permit file from the Law Enforcement agency, it is forwarded to a Monroe County Court Judge who will then make a final decision on the applications. Applicants may receive notice of approval or disapproval from a Judge by mail and must confirm receipt of letter prior to your permit being issued.

Please advise:

- Due to state privacy laws, staff cannot provide a status of your permit over the phone or via email.
- If anything changes at any point during the process, including an address change, you must inform our office.
- Upon receipt of your approval letter you must complete an attestation form either online or via mail to receive your new pistol permit. You can find this on our website.
- The Monroe County Clerk's Office has no authority or decision making in this process but acts as an agent on behalf of the licensing officer.

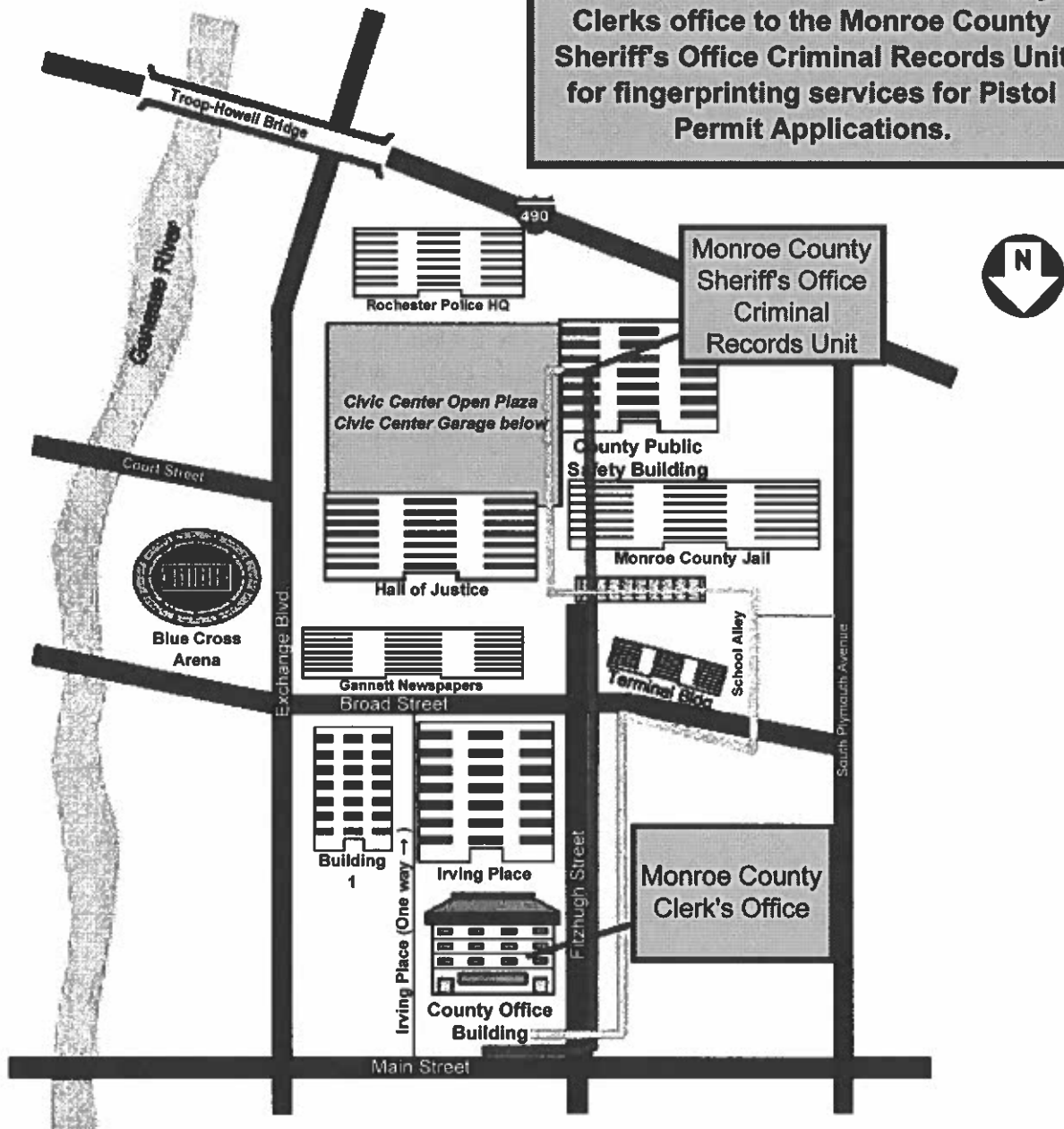
Please visit www.monroecounty.gov/pistols for more information.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Romeo", is written over a faint, larger version of the same signature.

Ms. Jamie Romeo
Monroe County Clerk

Directions from the Monroe County Clerk's office to the Monroe County Sheriff's Office Criminal Records Unit for fingerprinting services for Pistol Permit Applications.



From the County Office Building, go south on Fitzhugh Street across Broad Street and enter the Civic Center garage. Follow the west wall 3/4 of the way into the garage and enter the County Public Safety Building through the grey doors on the west wall of the garage. Take the elevator to the Plaza level. The Monroe County Criminal Records Unit lobby is directly off the elevators.

From the County Office Building, go south on Fitzhugh Street. Turn right (west) on Broad Street. Just past the Terminal Building, turn left (south) onto School Alley. Turn left (east) at the stairs and go up the stairs to the Civic Center Plaza. Turn right (south) on the Civic Center Plaza, and follow the County Office Building past City Court 1 & 5 to the south end of the building. Enter the glass doors on the right into the Monroe County Criminal Records Unit lobby.

MONROE COUNTY PISTOL PERMIT APPLICATION REQUIREMENTS, INSTRUCTIONS AND ADDITIONAL INFORMATION

REQUIREMENTS:

- Must be at least 21 years of age to apply for a pistol permit
 - Can be at least 18 years of age if you have been honorably discharged from the US Army, Navy, Marine Corps, Air Force or Coast Guard or the NYS National Guard
- IF YOU HAVE LIVED IN MONROE COUNTY FOR 3+ CONSECUTIVE YEARS: must provide 4 character references that must be Monroe County residents that have known you for at least 3 years. References **may not** be law enforcement, retired law enforcement, multiple people from the same household, 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: must provide the above 4 character references plus an additional 3 notarized references from persons who live in the state or county where you previously lived.

INSTRUCTIONS FOR SUBURBAN RESIDENTS (individuals living outside of the City limits)

1. Complete both applications and all enclosed forms.

- Print legibly in **black ink**
- Fill out both copies of the Pistol/Revolver License Application. We cannot accept copies, both pages must be an original
 - **NOTE:** your references **MUST** sign both copies of the Application, again no copies
- DO NOT SIGN the Application until you are in front of a clerk. Notaries are available in our office
- Fill out one Applicant & Reference Contact Information Form
- Fill out one Department of Mental Hygiene inquiry
- Fill out one Applicant Questionnaire, this will include request for social media information
- If seeking a **concealed carry permit**, the additional forms must also be completed
 - Completed Training Certification Form – Classroom (signed by authorized instructor)
 - Completed Training Certification Form – Live Fire (signed by authorized instructor)
- OPTIONAL: Fill out Request for Public Records Exemption Form
- If a language interpreter is required for your in-person interview with the Licensing Officer, please include this request with your application.

2. Make an appointment to turn in your application with the Monroe County Clerk's Office. Go to our website: www.monroecounty.gov/clerk-pistolpermits to schedule your appointment. You will need to bring:

- completed application packet with original documents – Copies will NOT be accepted
- \$129.00 (cash, check or credit card) payable to the Monroe County Clerk – This fee includes the cost of your permit and photos. All fees are nonrefundable.
- A valid form of photo ID, including Driver's License or Non-Driver ID

At this point, the Monroe County Clerk's office will take in your application, take your photo and obtain your electronic signature and thumbprint for your permit. We can no longer accept pre-printed photos.

3. Obtain fingerprints from the Monroe County Sheriff's Office. The Sheriff's Office is doing pistol permit fingerprinting by appointment only. To schedule your appointment please call (585) 753-4175. A valid photo ID with signature is required for identification. Take your receipt with you to the Sheriff's Office.

Monroe County Sheriff's Office
Public Safety Building
130 South Plymouth Ave.
Rochester, NY 14614

Hours: Monday-Thursday 10:00 a.m. to 1:00 p.m.
2:00 p.m. to 7:00 p.m.
Friday 10:00 a.m. to 12:00 p.m.
1:00 p.m. to 4:00 p.m.

ADDITIONAL INFORMATION

Per the Conceal Carry Improvement Act, effective 9/1/2022 all pistol permit applications will be required to have an in-person interview with a County Court Judge, the Licensing Officer.

If you elect to list a gun on your permit application, an original bill of sale from a Federal Firearms Licensed (FLL) Dealer and the Bill of Sale form from the Monroe County Clerk's Office **MUST** accompany the application.

Per NYS SAFE Act Law: ALL private firearms sales/transfers in New York require a background check of the buyer/transferee. Sales or transfers to immediate family members (i.e., spouses, domestic partners, children, and stepchildren) are exempt. For more information, visit <https://safeact.ny.gov/> or call 1-855-LAW-GUNS.

Unregistered pistols in your possession or out-of-state pistols must be turned in to local Law Enforcement 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.

You are not required to acquire a gun before applying for a pistol permit.

WHAT DOES ARREST MEAN?

Your pistol permit application asks: "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.

Per the Conceal Carry Improvement Act, effective 9/1/2022 a number of additional convictions will be considered disqualifying offenses including misdemeanor DWI, Assault 3 and Menacing. These will be being included in a 5-year look back portion of the investigation.

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 MAY RESULT IN DENIAL OF THIS APPLICATION, OR LATER REVOCATION OF YOUR PERMIT 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 seal 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.



Office of the Sheriff

MONROE COUNTY
"ONE TEAM"



Sheriff Todd K. Baxter

Undersheriff Corey K. Brown

130 SOUTH PLYMOUTH AVENUE, ROCHESTER, NY 14614

Prior to submitting your **non-refundable** pistol permit application fee please be aware that NYS law prohibits a pistol permit from being issued to anyone that has been involuntarily committed to a mental health facility or convicted of any felony or serious offense*. In addition, a concealed carry pistol permit may not be issued to anyone convicted of Driving While Intoxicated, Menacing or Assault 3rd within five (5) years of the date of conviction. A Certificate of Relief or Certificate of Good Conduct may restore your rights. Call the MCSO Pistol Permit Background Investigation Unit at 585-753-4848 with any questions.

* **Serious Offense** in NYS is any of the following offenses defined in the penal law:

- illegally using, carrying or possessing a pistol or other dangerous weapon, 265.01
- possession of burglar's tools, 140.35
- criminal possession of stolen property in the third degree, 165.50
- escape in the third degree, 205.05
- jostling, 165.25
- fraudulent accosting, 165.30
- endangering the welfare of a child, 260.10
- the offenses defined in article two hundred thirty-five, 235
- issuing abortifacient articles, 125.60
- permitting prostitution, 230.40
- promoting prostitution in the third degree, 230.25
- stalking in the fourth degree, 120.45
- stalking in the third degree, 120.50
- the offenses defined in article one hundred thirty, 130
- the offenses defined in article two hundred twenty, 220
- Any of the following offenses, where the defendant and the person against whom the offense was committed were members of the same family or household as defined in subdivision one of section 530.11 of the criminal procedure law and as established pursuant to section 370.15 of the criminal procedure law:
 - assault in the third degree, 120.00
 - menacing in the third degree, 120.15
 - menacing in the second degree, 120.14
 - criminal obstruction of breathing or blood circulation, 121.11
 - unlawful imprisonment in the second degree, 135.05
 - coercion in the third degree, 135.60
 - criminal tampering in the third degree, 145.14
 - criminal contempt in the second degree, 215.50
 - harassment in the first degree, 240.25
 - aggravated harassment in the second degree, 240.30
 - criminal trespass in the third degree, 140.10
 - criminal trespass in the second degree, 140.15
 - arson in the fifth degree, 150.01
 - or attempt to commit any of the above-listed offenses



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) <input type="checkbox"/> Carry Concealed <input type="checkbox"/> *Possess on Premises <input type="checkbox"/> *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) <input type="checkbox"/> Yes <input type="checkbox"/> 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
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.

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

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE APPLICATION FINGERPRINT FORM

INSTRUCTIONS: Print or type in black ink only

Last Name		Suffix			
First Name		MI	Date of Birth – MM DD YYYY	NY Driver's License (or NY Non-Driver ID) No.	

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
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APPLICANT'S SIGNATURE AND ADDRESS:

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

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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) <input type="checkbox"/> Carry Concealed <input type="checkbox"/> *Possess on Premises <input type="checkbox"/> *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) <input type="checkbox"/> Yes <input type="checkbox"/> 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

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If applicable, provide the requested information regarding the Applicant's current relationship below.

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Phone Number				

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ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				
Phone Number				
Phone Number				
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

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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
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.

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

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE APPLICATION FINGERPRINT FORM

INSTRUCTIONS: Print or type in black ink only

Last Name														Suffix								
First Name												MI	Date of Birth – MM DD YYYY				NY Driver's License (or NY Non-Driver ID) No.					

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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

IMPRESSIONS TAKEN BY:	NAME	RANK	SHIELD	DATE
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APPLICANT'S SIGNATURE AND ADDRESS:

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MONROE COUNTY PISTOL PERMIT REFERENCE**FORM 1**

Name of Applicant: _____ DOB: _____

Address: _____
Street City/Town State Zip

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Spouse /Domestic partner / Boyfriend / Girlfriend (if applicable):

Name: _____

Address: _____
Street City/Town State Zip

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Character References:

Name: _____ Years known: _____

Address: _____
Street City/Town State Zip

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Years known: _____

Address: _____
Street City/Town State Zip

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Years known: _____

Address: _____
Street City/Town State Zip

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Years known: _____

Address: _____
Street City/Town State Zip

Cell Phone: _____ Home Phone: _____ Work Phone: _____



FORM 2

Office of the Sheriff Monroe County

Todd K. Baxter
SHERIFF

130 SOUTH PLYMOUTH AVENUE, ROCHESTER, NEW YORK 14614 · PHONE (585) 753-4178

**MENTAL HYGIENE
CHECK REQUIRED FOR ALL
PISTOL PERMIT APPLICANTS**

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: _____

Social Security #: _____

Permit #: _____

Thank you for your cooperation.

Sincerely,

Todd K. Baxter
Monroe County Sheriff



"ONE TEAM"

WWW.MONROECOUNTYSHERIFF.INFO

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FORM 3

Office of the Sheriff Monroe County

**Todd K. Baxter
SHERIFF**

130 SOUTH PLYMOUTH AVENUE, ROCHESTER, NEW YORK 14614 • PHONE (585) 753-4178

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 any 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 deputy will fill it in upon contacting your prescribing MD or counselor. (See Form 4, Item # 3)

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 ()** _____



"ONE TEAM"

WWW.MONROECOUNTYSHERIFF.INFO





FORM 4
(Page 1 of 2)

Office of the Sheriff Monroe County

Todd K. Baxter
SHERIFF

130 SOUTH PLYMOUTH AVENUE, ROCHESTER, NEW YORK 14614 • PHONE (585) 753-4178

MEDICAL RELEASE FORM - Authorization for Release of Personal Information PAGE 1 of 2

To Whom It May Concern:

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 Monroe County Sheriff's Office, whether the said record 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 country 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 U.S. Veteran's Administration.

Federal HIPAA Compliance Authorization

1. Purpose : Pistol permit application submitted to the Monroe County Sheriff's Office.
2. Time Frame and authorization needed: any and all pertinent and up to date medical records.
3. To be completed by Deputy - Date of expiration : ____/____/____
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-disclosure 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 compliant, 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 party or had an interest.



"One Team"



MEDICAL RELEASE FORM - Authorization for Release of Personal Information**PAGE 2 of 2**

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 Monroe County Sheriff's Office to consider in determining my suitability for a pistol permit in Monroe County.

In any event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnity 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 this 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 _____

On this _____ day of _____, 20____. Before me, the subscriber came.

_____ known to me, and known to me to be the person described in the foregoing instrument and who executed the same and (s)he duly acknowledged the (s)he executed the same.

Notary Public / Commissioner of Deeds

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

Pistol Permit APPLICANT Questionnaire

Please Print in **BLACK INK**

FORM 5

Page 1 of 3

Applicant's Name: _____ DOB: (Date of Birth) _____

Maiden Name: (If applicable) _____ Phone Number: _____

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

What is your current address? _____
Street City/Town State Zip

How long have you lived at the address listed above? _____ Y (Years) _____ M (Months)

****If you have lived at the above address for less than three years please list previous address****

Previous address? _____
Street City/Town State Zip

How long did you live at the previous address? _____ Y (Years) _____ M (Months)

Who resides with you? **LIST ALL**

Name	DOB	Cell Phone	Name	DOB	Cell Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widow(er) ☐ Dating ☐ Other _____

Name of Significant Other: _____ DOB: _____ Phone Number: _____

*Address if different from yours: _____
Street City/Town State Zip

How long have you been with your significant other? _____ Y (Years) _____ M (Months)

Do you have children with your significant other? ☐ YES ☐ NO

*If yes list all:

Name	DOB	Cell Phone	Name	DOB	Cell Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have a previous significant relationship? ☐ YES ☐ NO

*If yes list:

Name	DOB	Cell Phone	Street	City/Town	State	Zip
_____	_____	_____	_____	_____	_____	_____

Do you have children with your previous significant other? ☐ YES ☐ NO

*If yes list all:

Name	DOB	Cell Phone	Name	DOB	Cell Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you a US Citizen? ☐ YES ☐ NO

NOTE: if not a US citizen, the applicant must provide a copy of their passport, green card and NYS Driver's License.

CONTINUED Pistol Permit APPLICANT Questionnaire

FORM 5
Page 2 of 3

Describe why you are applying for a pistol permit?

Do you own any long guns, bows, shot guns, etc.?

☐ YES ☐ NO

If yes, where do you store them? In home? Location: _____

Outside of home: _____

Street

City/Town

State

Zip

Please explain in detail any and all firearm training and/or experience you have.

Have you participated in a firearms safety course?

☐ YES ☐ NO

If yes, where and please provide a copy of completion certificate. _____

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

☐ YES ☐ NO

exclude traffic summons but include domestic situations, 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):

☐ YES ☐ NO

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 the circumstances surrounding the Order of Protection):

☐ YES ☐ NO

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

☐ YES ☐ NO

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):

☐ YES ☐ NO

Have you ever used or abused any illegal drugs of any type. (if so, provide the name of the illegal drug and date of last use.

☐ YES ☐ NO

IF YOU ANSWER YES TO ANY OF THE FOLLOWING 4 QUESTIONS, YOU MUST FILL OUT MEDICAL RELEASE FORMS (FORM 3 & 4)

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

☐ YES ☐ NO

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 reason for the medication, and how long you have been taking the medication. In addition, you are required to provide the Prescribing MD and their contact information):

☐ YES ☐ NO

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

☐ YES ☐ NO

CONTINUED Pistol Permit APPLICANT Questionnaire

FORM 5
Page 3 of 3

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 contact information of the MD or Therapist who prescribed the medication):

☐ YES

☐ NO

What do you do to handle stress? _____

Is your spouse, significant other, or roommate aware that you applied for a permit?

☐ YES

☐ NO

Does the person with whom you have a child in common aware you applied for a permit?

☐ YES

☐ NO

Are you a veteran of the Armed Forces?

☐ YES

☐ NO

Which branch? _____

*If yes, please provide a copy of your DD-214 _____

Use the remaining spaces to add anything else that we have not already covered that you feel is important for the investigating Deputy to be aware of.

*******ATTACH ADDITIONAL PAPER IF MORE SPACE NEEDED*******

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 the penalty of perjury this _____

Day of _____ ***20*** _____

Applicant's Signature

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

Investigating Deputy: _____ **IBM:** _____ **CR#** _____

Attempts to contact applicant:

Date: _____ **Time:** _____

Date: _____ **Time:** _____

Date: _____ **Time:** _____

Date of Interview: _____ **Time:** _____



Office of the County Clerk

Monroe County, New York

Ms. Jamie L. Romeo
County Clerk

Mr. Thaddeus I. Mack
Deputy County Clerk

CERTIFICATION OF COMPLETION OF TRAINING

(Only required when applying for a Carry Concealed Permit)

Applicant's Full Name: _____

Applicant's Address: _____

Applicant's Date of Birth: _____

Certification of In-Person Training

I, _____, hereby certify, under penalty of perjury, that the following
[Print Name]
information is true and accurate:

1. I am a Duly Authorized Instructor, as that term is defined in New York State Penal Law § 265.00(19), approved by the New York State Division of Criminal Justice Services and New York State Police to instruct the concealed carry firearms safety training.
2. The above-listed applicant has completed the following in-person live firearms safety course(s) conducted by me (*choose all that apply*):
 - _____ (a) A minimum of sixteen (16) hours of in-person live curriculum that meets or exceeds the requirements set forth in New York State Penal Law § 400.00(19) and the "Minimum Standards For New York State Concealed Carry Firearm Safety Training" issued on August 23, 2022, as amended or updated from time to time.
 - _____ (b) A minimum of two (2) hours of a live-fire range training course that meets or exceeds the requirements set forth in New York State Penal Law § 400.00(19) and the "Minimum Standards For New York State Concealed Carry Firearm Safety Training" issued on August 23, 2022, as amended or updated from time to time.



Office of the County Clerk

Monroe County, New York

Ms. Jamie L. Romeo
County Clerk

Mr. Thaddeus I. Mack
Deputy County Clerk

3. (If Section 2(a) is checked) I have administered a written proficiency test to the above-listed applicant that evaluates his/her/their understanding of the requirements set forth in New York State Penal Law § 400.00(19) and the "Minimum Standards For New York State Concealed Carry Firearm Safety Training" issued on August 23, 2022, as amended or updated from time to time. The above-listed applicant achieved a minimum correct answer score of 80% on his/her/their written proficiency test.
4. I understand that this certification will be provided to and relied upon by the Monroe County Court to demonstrate the above-listed applicant's compliance with New York State Penal Law § 400.00(19).

Duly Authorized Instructor's Signature

Date

Print Name of Instructor: _____

State of _____)
County of _____) ss.:

On the _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

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 _____

Request for Public Records Exemption AKA Opt Out Form

According to NYS Penal Law (Section 400.00 (5) (b)), the name and address of Pistol Permit Holders is considered public information. Therefore, the **NYSAFE Act** created a process to protect the privacy of pistol license holders to exempt this information from Freedom of Information Law (FOIL) requests.

The form is attached for you to complete **if you so choose**. You are required to check one of the boxes #1-4 or the form will be returned to you for completion.

You can turn this form in with your application or you can drop it off or mail it to our office (39 West Main Street, Room 101, Rochester, NY 14614) at any time. Once you have submitted this form, you do NOT need to re-new this request.

Because you are an applicant and have not yet received your Firearms License Number (Carry number) or your date of issue, you can leave those portions blank.