



BROOME COUNTY SHERIFF'S OFFICE

Sheriff Frederick J. Akshar II

Undersheriff Sammy L. Davis

155 Lt. Van Winkle Drive, Binghamton, NY 13905

APPLICATION: **USE BLACK INK ONLY** or complete application on line and print.

Must be 21 years of age to apply

Complete the *entire* application packet. There are ONE (PPB 3) State of New York Pistol/Revolver License forms. forms must be completed, and references also must sign forms, in black ink. When completing form PPB-3, Start with the boxes for LAST NAME. DO NOT fill in the boxes above that line.

If you were born in another country- you must provide a copy of citizenship certificate.

References:

- *Cannot be relatives or domestic partners. **{MUST know applicant minimum of THREE (3) years.}** and be from Broome County or surrounding NYS counties.
- *References must fully answer all the questions on "Reference Questionnaire".
- *References must sign **[In Black Ink]** 3 documents: Reference Questionnaire & both PPB-3 forms
- *Their signatures must be notarized.

DO NOT BRING IN COMPLETED QUESTIONNAIRES WITH YOU.

REFERENCES MUST MAIL IN QUESTIONNAIRES AFTER THE APPLICATION HAS BEEN SUBMITTED.

Provide references with stamped envelope addressed to:

Broome County Sheriff's Office
 Pistol Permit Division
 155 Lt. VanWinkle Dr.
 Binghamton NY 13905

FINGERPRINTS:

Fingerprints are completed by the pistol permit clerk. You do not need to make an appointment. Permit applications are taken between 8:30 and 3:00 pm., Monday through Friday.

PHOTOS: YOU must provide Two (2) passport size (2"x2") photos. Passport photos can be obtained at any store that has a photo department. Photos must be professional quality on photo paper with plain white backgrounds.

FEE: \$140.00 CASH, MONEY ORDER OR CERTIFIED BANK CHECK ONLY. NO PERSONAL CHECKS.

Make Bank check or money order out to: BC Director of OMB

If you are applying for a permit in connection with present or proposed employment.

- *Submit a letter from the employer verifying employment.
- *Employer letter must inform of your need for a permit.

If you have any question, please call the Pistol Permit Clerk at 607-778-2113

CRIMINAL HISTORY GUIDELINES: It is critical for all applicants to be completely truthful and forthcoming regarding their criminal history. The following will assist you in properly completing the criminal history portion of the application & what you must declare. You are required to submit any & all arrests, charges, summonses or indictments that you have been involved with. List even minor offenses like: bad checks, disorderly conduct, harassment, possession of marijuana & local laws! To obtain your own criminal history. Contact the NYS Division of Criminal Justice Services (518)457-9847 or (518) 485-7675 (\$60 fee by NYS for this service). This report may assist you in accurately completing the application. When in doubt, write it down! You are encouraged to contact the Pistol Permit Office with ANY questions regarding criminal history. 607-778-2113

The previous application guidelines have been explained to me by the pistol permit clerk. I understand that failure to disclose all required information may result in my application being denied.

Applicant's Signature

Date

SUBSCRIBED AND SWORN TO BEFORE ME

Pistol Permit Clerk

Date



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Pistol Permit Division 155 Lt. VaWinkle Drive Binghamton, New York 1905 607-778-2113

Applicant's Last Name	Applicant's First Name	MI	DOB
<p>Thank you for assisting us in maintaining public safety; please answer the following questions as honestly as possible which will aid us in performing thorough character/background checks. We realize that it is sometimes difficult to refuse to have your name used as a reference. Your reply to this letter will be held in the strictest confidence, as permitted by law.</p> <p>>complete entire questionnaire >You may use the back of the form to make any additional comments</p> <p>>Your signature must be notarized >Mail using pre-addressed envelope {envelope w/postage provided by applicant}</p>			
Reference's Last Name (Print)	First Name	MI	Date of Birth
Reference Address	City	State	Zip
Have you ever been convicted of any crime? If yes, give details			
Your occupation? (if retired, state prior occupation)	Do you have a Pistol Permit?		Issuing County
How long have you known applicant?	What's your relationship with applicant?	Are you related by blood or marriage?	
How often/under what circumstances do you have contact with applicant?		By what other names is applicant known?	
What is the applicant's occupation?	Where is applicant employed?		How long?
Did you employ applicant?	How long?	What circumstances caused applicant to leave?	
Are you in business relationship with applicant? If yes, explain			Is applicant a citizen of the US?
Has applicant ever displayed a violent temper?		Has applicant indicated they might have a mental problem?	
Has the applicant had any history of social or family problems?			Is applicant of excellent moral character?
Are there any reasons that would make you hesitate to recommend the applicant as a person to possess a pistol?			
What is applicant's reason for wishing to possess a pistol license?			
Without reservation, would you recommend the applicant as the type of person to possess a pistol?			
<p>You may be contacted by a law enforcement officer to verify aforementioned information. False statements made in the foregoing instruments are punishable as a class A misdemeanor pursuant to section 210.45 if the NYS penal law.</p>			
According and with notice of foregoing, I hereby affirm that the foregoing statements of fact are true, under penalty of perjury		Reference's Signature	
SUBSCRIBED AND SWORN TO BEFORE ME		Notary Public	



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Applicant's Last Name (Print)	First Name	MI	DOB	Email
Address		City	State	Zip
How long @ present address?				
Maiden Name	Physical Address (how you would tell someone to find your house)			
Home Phone	Cell Phone		Work Phone	
Previous Addresses	City	State	Zip	
<hr/> <hr/> <hr/>				
Previous Employer (s)	Dates of Employment	Reason for leaving		
<hr/> <hr/> <hr/>				
References				
#1	Last Name	First	MI	Phone
Street		City	State	Zip
#2	Last Name	First	MI	Phone
Street		City	State	Zip
#3	Last Name	First	MI	Phone
Street		City	State	Zip
#4	Last Name	First	MI	Phone
Street		City	State	Zip



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REQUEST FOR A RESTRICTED PISTOL PERMIT

BROOME COUNTY, NEW YORK

I, _____ in support of my application for a Restricted Pistol Permit, Represent to the Issuing Officer.

<That I understand the Pistol Permit, if issued, will allow me to carry registered weapons for the limited purpose of hunting or target shooting only.

<That this permit does not authorize me to possess, use or carry any firearm for any other purpose.

<That I will carry authorized firearms only when going to, coming from and during activities related to hunting and target shooting, and while enroute to or from hunting and target shooting. I will not carry or display a firearm while engaged in any unrelated activities.

<That I will under no circumstances carry or display any firearm in any premise licensed to sell alcoholic beverages.

<That I understand if I violate any of the above conditions of issuance, my permit is subject to suspension or revocation in the discretion of the Issuing Officer.

Dated	Signature of Applicant
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Sworn to before me

This ____ day of _____, 20____

NOTARY PUBLIC



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Applicant Name: _____ DOB: _____

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⚠ YOU MUST LIST ANY & ALL ARRESTS WHERE: ⚠

- >Charges were sealed by the court
- >Charges were dismissed by the court
- >You were given a youthful offender status
- >You were given a conditional discharge
- >You were placed on probation
- >You were taken before a judge

- >You were charged w/Driving while intoxicated or DWAI
- >You were given a summons to appear in court
- >You were required to make bail on a charge/incident
- >You were taken into physical custody by law enforcement
- >You were taken into custody on a warrant
- >You were photographed & fingerprinted as a result of an incident

Date	Police Agency	Charges	Disposition-Court and Date

You must disclose ALL arrests, including arrest where the record was sealed. Any omission of fact will be sufficient cause to deny this application.

<u>Applicant's Signature</u>	<u>Date</u>
<u>Pistol Permit Clerk</u>	<u>Date</u>

State of New York

Pistol/Revolver License Application Semi-Automatic Rifle License Application

THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	Expiration Date	

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

Personal Information

Last Name		First Name		Middle Name	Suffix
Street Name (Physical Address)			Apt #	City	State Zip
Mailing Address (If Different than Physical)			Apt #	City	State Zip
Sex:	DOB:	Height: ft in	Weight:	Hair:	Eyes:
Social Security Number:		Race:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	Primary Phone #	Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business	
Business Address			Apt #	City	State Zip
I hereby apply for a Pistol/Revolver License to: (Check only one) Carry Concealed *Possess on Premises *Possess/Carry During Employment (*) Premise Address or Employer Name and Address must be provided below:					
Employer Name (If Carry During Employment)		Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)			
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No) Yes No					
Give four character references who by their signature attest to your good moral character:					
Last, First, MI		Street Address (Street #, Name, Apartment #, City, State, Zip Code)		Signature	

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

Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED

CURRENT MARRIAGE OR RELATIONSHIP

What is the Applicant's current relationship status?

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

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

Do minors reside within the residence? Yes No If, yes: Part Time Full Time

ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN

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

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

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
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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 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? Yes No

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? Yes No

Are you an alien illegally or unlawfully in the United States? Yes No

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? Yes No

Have you been discharged from the Armed Forces under dishonorable conditions? Yes No

Have you ever renounced your United States citizenship? Yes No

Have you ever suffered any mental illness? Yes No

Have you ever been involuntarily committed to a mental health facility? Yes No

Have you ever had a pistol / revolver / semi-automatic rifle license revoked? Yes No

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act? Yes No

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs? Yes No

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?
**THIS QUESTION ONLY APPLIES TO CARRY CONCEALED* Yes No

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

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

For applicants under twenty-one years of age only:

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York? Yes No

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

**Photograph
Of Applicant
Taken Within 30 Days**

Full Face Only

Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:

1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

**Jurat:
Signed and sworn to me before**

This _____ day of _____, 20 _____

at _____, New York

Signature of Applicant

Signature of Officer Administering Oath

Title of Officer

APPLICATION NOT VALID UNLESS SWORN

Fingerprints submitted electronically by:

Name _____ Rank _____ Organization _____

Date Submitted _____

Investigation Report – All information provided by this applicant has been verified:

Name _____ Rank _____ Organization _____

Signature of Investigating Officer

This application is Approved Disapproved The following restriction(s) is (are) applicable to this license:

Title and Signature of Licensing Officer

If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:

*****List handguns only, do not list semi-automatic rifles.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of

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

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