



**NIAGARA COUNTY
COUNTY CLERK'S OFFICE**

**PISTOL PERMIT OFFICE
P.O. BOX 461
LOCKPORT, NY 14095-0461**

**JOSEPH A. JASTRZEMSKI
County Clerk**

**MATTHEW L. PARISH
First Deputy County Clerk**

**(716) 439-7184
(716) 439-7038 Fax**

Dear Niagara County Pistol Permit Applicant,

The Niagara County Clerk's Office is the administrative office that coordinates the review of your pistol permit application by various agencies/entities as it travels through the approval process. Due to the multiple layers of review and investigation involved, we ask that you wait at least one (1) month before calling the office after submission to inquire as to the status of your application.

Upon submission, and acceptance, of your application by a member of the Niagara County Clerk's Pistol Permit staff, your application will move to the appropriate law enforcement agency for investigation. Law enforcement personnel will conduct a thorough investigation of the information you have provided utilizing various resources, including the NYS Department of Mental Hygiene and the NYS Department of Criminal Justice Services. Once the investigation is complete, your application is returned to Pistol Permit staff who will then facilitate the final phase of the process.

The final phase of the process is that your application will be presented to the Licensing Officer (Niagara County Court Judge) who will also review the information you have provided, as well as any additional investigation information. The Licensing Officer is tasked with making the final determination as to the approval/disapproval of your application.

Pistol Permit staff will receive the approval/disapproval decision from the Licensing Officer and will notify you by mail of that decision, and any further instruction you may need to complete the process. ***Important: If you have moved during the application process, it is strongly recommended you contact our office to update your address as soon as possible to avoid delays in notification.***

Some factors that may delay the processing of your application are:

- ***Untimely response of your character references. Please encourage your references to complete and RETURN the questionnaire directly to the Pistol Permit Office within the required timeframe.***
- ***Not providing ALL pertinent information, and documentation, required when submitting your application.***

We hope you find this information helpful and we thank you in advance for your cooperation.

Best regards,

Joseph A. Jastrzemski
Niagara County Clerk

NYS Pistol Permit Application form:
<https://troopers.ny.gov/system/files/documents/2022/10/ppb-3-08-22.pdf>

Checklist for Application Processing

Be sure you have – and have completed – all items below PRIOR to presenting your application

Three (3) ORIGINAL completed application forms

Safety Training/Live Range Completion Certificate

Photos – may be obtained from NC Pistol Permit Office

2 if you reside within a Town

3 if you reside within a City

Arrest Information:

Certificate of Disposition (for EACH arrest)

Incident Letter (for EACH arrest)

What Does Arrest Mean form

Mental Hygiene form

License Agreement form

Character Reference form

Public Records Exemption form (Opt Out)

If you do not have, or have not completed, all the above listed documents, your application MAY NOT be accepted.



INSTRUCTIONS FOR PISTOL PERMIT APPLICANTS

Please read all instructions carefully before completing application

APPLICATION: \$10.00 Fee.

You **MUST** complete and present **three (3)** applications AND all other documents within packet. All three (3) applications **MUST** be printed or typed in **BLACK INK** and **MUST** be **ORIGINALS (no copies)**. Do **NOT** sign application until you are in front of a Notary. Notaries **MUST** witness you signing the document.

Do NOT complete one application and make copies.

1. **AGE:** Applicants **MUST** be at least 21 years of age and reside in Niagara County.

2. **SAFETY COURSE/LIVE RANGE:**

You are **REQUIRED** to complete a Handgun Safety and Live Range Training Course conducted by a certified/approved instructor prior to submitting your application for processing.

Concealed Carry – 16 hour Safety and 2 hour Live Range, all others require 4 hour Safety and no Live Range.

You should receive a certificate that clearly states you have successfully completed a 16 hour Safety Course and 2 hour Live Range Training. You must present your ORIGINAL, signed certificate with your completed application.

3. **CHARACTER REFERENCES (Must be known by you for four (4) or more years).**

References MUST sign all three (3) applications. On the separate Character Reference form included, make sure to provide **current mailing information AND phone numbers** for all character references.

Character References **MUST:**

Reside in Niagara County (see City/CO requirement below)

Personally sign all three (3) applications

CANNOT be related to you or each other (no in-laws, husband/wives)

CANNOT be a current boyfriend/girlfriend/partner

**If YOU live within one of the three (3) cities within Niagara County – City of Lockport, Niagara Falls or North Tonawanda – two of your four character references MUST also live in the same city.*

**If you are active Military, your Commanding Officer MUST sign as one of your references, even if your CO does NOT live in Niagara County.*

4. **ARRESTS:**

List ALL arrests – including Youthful Offender, Sealed, dismissed, etc – failure to report ALL arrests could result in delay or denial of your application.

- Obtain an ORIGINAL Certificate of Disposition for each arrest from court that heard the case
- YOU must write a brief “incident letter” describing the circumstances of the arrest.

5. **PHOTOS:**

Two (2) photos are **REQUIRED** if you live in one of the Towns, three (3) photos are **REQUIRED** if you live in one of the cities. Passport quality photos may be used – can be no larger than 1” from top of hair to bottom of chin. Photos may also be obtained from our office for a fee (\$10.00/Towns & \$15.00/Cities).

6. **FINGERPRINTING:**

MUST be completed **PRIOR** to submitting your application and **MUST** be done by Identogo – Cost \$101.75 You **MUST** bring your receipt with you when presenting your application. Applications **MUST** be presented within one (1) month of fingerprinting.

If not presented timely, you may be required to be fingerprinted again and pay a second processing fee.

Appointments may be made: By Phone: 1-877-472-6915

Via website: <https://uenroll.identogo.com> – Available 24 hours, 7 days a week

You will be asked for – or will need to enter - **Niagara County’s Service Code: 153XBF (ORI #NY930830Z)**

You MUST bring VALID PHOTO ID to your appointment – name on ID must match appointment name

SEE BACK SIDE FOR FURTHER INSTRUCTION

FINGERPRINTING INSTRUCTIONS

Fingerprinting will be done by Identogo (IDEMIA/Morpho Trust USA)

- Appointments may be made via a secure website which is available 24/7/365.

<https://uenroll.identogo.com>

Service Code 153XBF (Niagara County Pistol Permit Bureau – Pistol)

Choose New York

Enter ORI #NY930830Z

Choose Schedule or Manage an Appointment

Complete all required information on each screen that follows

Choose Location – enter zip code or select My Location/Current Location

Choose Date & Time

A confirmation page will appear – Print this confirmation page for your records.

- Appointments may also be made by calling the Customer Care Center at 1-877-472-6915
Monday through Friday, 8:00 am – 9:00 pm or Saturday 9:00 am to 9:00 pm
- You must bring your valid photo ID to your appointment.
Must be the same ID as what was chosen while making your appointment.
Name on ID must match exactly to name entered for your appointment.
- Photo will be taken for transmission with fingerprint impressions to DCJS.
- Payment (\$101.75) must be made at time of fingerprinting. Cash is NOT accepted.
Check/Money Order/Credit Card only
No additional fee for re-rolling of prints if prior prints are rejected by DCJS or FBI.
- Make sure to get a receipt and bring it with you when you present your application to the Niagara County Pistol Permit Office.
- Once fingerprinted, your report will be sent electronically to the Niagara County Pistol Permit Office.

You **MUST submit your application within 45 days** of fingerprinting – this ensures your fingerprint record can be retrieved. If we are unable to retrieve your fingerprint record, you may be required to be fingerprinted – and pay - again.

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 (If Applicable)	

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:		Ethnicity:		Race:	Citizen of U.S.
Driver's License # (or Non-Driver ID)		License State	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
Phone Number				

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

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:		Ethnicity:	Race:	Citizen of U.S.	
Driver's License # (or Non-Driver ID)		License State	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

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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				

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

Photograph
Of Applicant
Taken Within 30 Days

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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

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Name _____ Rank _____ Organization _____
Date Submitted _____

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

Name _____ Rank _____ Organization _____

Signature of Investigating Officer

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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.

Table with 7 columns: Manufacturer, Pistol/Revolver/Single Shot, Model, Frame Only, Caliber(s), Serial Number, Property of

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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:		Ethnicity:		Race:	Citizen of U.S.
Driver's License # (or Non-Driver ID)		License State	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	

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 Semi-Automatic Rifle License Application

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Phone Number				

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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				

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

The following restriction(s) is (are) applicable to this license:

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

**PISTOL PERMIT APPLICATION WARNINGS:
WHAT DOES "ARREST" MEAN?**

I acknowledge the following: [Initial each box]

- The Pistol Permit license application specifically states: "Have you ever been arrested, summoned, charged, or indicted anywhere for any offense, including DWI (except traffic infractions)?"
- My pistol permit application is a SWORN DOCUMENT. Any omission of fact or any false statement by me will be sufficient cause to deny my application and constitutes a crime punishable by fine, imprisonment, or both. **THIS INCLUDES ANY OMISSION OR FALSE STATEMENT REGARDING MY ARREST HISTORY.**
- I must report **ALL ARRESTS** on my application, whether within or outside in New York State AND regardless of outcome. **THIS INCLUDES ARRESTS THAT WERE DISMISSED and/or SEALED.**

I understand that: [Initial each box]

- "Arrest" includes the following:**
 - You were given a **criminal summons** by a court or an **appearance ticket** by a police officer to appear before a judge for anything from a town/village ordinance, violation, misdemeanor, up to a felony; **OR**
 - You were fingerprinted and photographed for a criminal matter DWI; **OR**
 - You were ticketed for an unclassified misdemeanor(s) under the Vehicle and Traffic Law (except traffic infractions); **OR**
 - A warrant for an arrest was issued for you and you either were directed to turn yourself into law enforcement or appear before a judge; **OR**
 - You were indicted by a grand jury and either arrested or ordered to appear before county court for arraignment.
- Although an arrest *may* involve being handcuffed and taken to jail, **you do not have to be handcuffed or taken to police station or jail to have been arrested.**
- I **MUST** report any arrests, including any charges that resulted in:
 - a guilty plea; **OR**
 - my case being dismissed; **OR**
 - my case being sealed; **OR**
 - my case being dismissed after adjournment in contemplation of dismissal ("ACD") **OR**
 - dispositions resulting youthful offender status; **OR**
 - all other court dispositions that may exist within or outside of New York State (ie: nolo contendere, nolle prosequi, etc.).
- Even if the court no longer has record of the outcome of my case(s) because it is a very old case(s) or they have destroyed the record, or my case(s) was sealed, **all NYS law enforcement agencies 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 law enforcement agencies will not give you this information. It will appear as "no record" when you request a criminal record check at a law enforcement agency or request dispositions from the courts. **This does not mean that you were not arrested or that you don't have a criminal record.**
- I must state all arrests even if I do not recall the dates or dispositions - even if there are multiple arrests over several years. If I was arrested, I must state so.

I understand that: [Initial each box]

- If I was arrested, I must provide an official disposition from the court(s) with my application.
- I must also write an incident letter describing in detail the circumstances surrounding the arrest.
- A separate letter must be provided for each incident.
- APPLICATION FEES ARE NOT REFUNDABLE

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____



**NIAGARA COUNTY
PISTOL PERMIT OFFICE**

**NIAGARA COUNTY COURTHOUSE
P.O. BOX 461
LOCKPORT, NY 14095-0461**

**JOSEPH A. JASTRZEMSKI
County Clerk**

**MATTHEW L. PARISH
First Deputy County Clerk**

**(716) 439-7184
(716) 439-7038 Fax**

MENTAL HYGIENE FORM

The New York SAFE Act requires that you reveal whether you have been treated by or consulted with any psychiatrist or psychologist, or been evaluated at any hospital or other medical facility for mental health or psychiatric issues.

Have you been so treated? Yes No

If yes, please provide the following:

Dates: _____

Physician Name(s):

Hospital(s):

Neglecting to include and truthfully disclose any and all of the above information is grounds for rejection of your application and you may be charged with a misdemeanor punishable by fine or imprisonment or both.

I have read and understand the above information.

Signature: _____

Date: _____ Phone _____

Home/Work/Cell



NIAGARA COUNTY PISTOL PERMIT OFFICE LICENSE AGREEMENT

Please initial each line after you have read the statement. You **MUST** sign and have your signature notarized.

Should the Niagara County Pistol Permit Office issue me a NYS Pistol License, I agree to the following:

1. _____ I will carry my handgun(s) only for the purposes for which I have been approved.
2. _____ I will notify the Niagara County Pistol Permit Office on the next business day should I be arrested, named as a defendant in any criminal proceeding, named as a respondent in an Order of Protection issued by any court or involved in any domestic incident, in which I was the subject or complainant of a domestic incident report.
3. _____ While under suspension, I acknowledge that I am not permitted to acquire or dispose of any handguns, including those listed on my pistol license.
4. _____ I will notify the Niagara County Pistol Permit Office, and the appropriate law enforcement agency on the next business day of any loss or theft of my pistol license or any handgun registered to me.
5. _____ I will notify the Niagara County Pistol Permit Office within ten (10) days of any change in my address or telephone number.
6. _____ Any sale/transfer of a handgun **MUST** be reported to the Pistol Permit Office within ten (10) business days. I acknowledge that I cannot sell or transfer a handgun to anyone other than an immediate family member (spouse, child, sibling) without going through a licensed New York State gun dealer.
7. _____ "Carry Firearm Concealed Pistol Permit" means my handgun(s) **MUST** be concealed (not visible) and **MUST** be in my possession OR in a secured (locked) storage container/area at all times. Under no circumstance should handguns be left in locations where they may be easily lost or stolen. I will keep my handguns safeguarded at all times, ensuring that unauthorized persons not have access to them.
****Important: Leaving a handgun in a locked but unattended motor vehicle is a serious violation of this requirement.****
8. _____ I acknowledge that I may not buy a gun in another state and bring it to New York and license it without transferring it through a licensed New York State gun dealer.
9. _____ I acknowledge that the Federal Aviation Administration (FAA) forbids possession of any firearm aboard a commercial airplane. The bearer must declare possession of any firearm prior to entering a secure terminal/area.
10. _____ I understand that New York State Penal Law Section 265.01 prohibits me from possessing a handgun in or upon any building or grounds used for educational purposes, of any school, college or university without the written authorization of such educational institution.
11. _____ I acknowledge that it is unsafe to carry or handle my handgun(s) while consuming alcoholic beverages, using illegal drugs, marijuana, cannabis or concentrated cannabis.
12. _____ I am not permitted to handle any handgun(s) while at any law enforcement facility. All handguns must be unloaded (SAFE AND EMPTY) prior to entry onto any law enforcement facility or grounds. I understand that I may not load, unload or otherwise touch or handle any handgun(s) even to present the handgun. The law enforcement employee assisting me and will handle all handguns during the transaction.

I have read and understand the above statements/rules. I am aware that any violation of the above listed statements/rules can result in the suspension or permanent revocation of my Pistol License upon the discretion of the Licensing Officer.

Print Full Name

Signature of Applicant

Sworn to me this _____ day of _____, 20_____

Notary Public _____



CHARACTER REFERENCE(S) INFORMATION SHEET

Note: ALL References must reside in Niagara County.

*If YOU reside in N Tonawanda, Niagara Falls or City of Lockport,
two (2) of the four (4) references must reside in that city as well.*

*Character References may not be related to you or each other, no distant relatives
or in-laws, no husbands/wives, boyfriends/girlfriends.*

*Character References must reside outside your household and many not reside in the same residence as any of your
other references, character references should be individuals that have known you for a period of 4 or more years.*

Applicant's Name: _____

Phone Number: _____

REFERENCE 1

NAME: _____ DOB _____

ADDRESS: _____

PRIMARY PHONE NO: _____ SECONDARY PHONE NO: _____

REFERENCE 2

NAME: _____ DOB _____

ADDRESS: _____

PRIMARY PHONE NO: _____ SECONDARY PHONE NO: _____

REFERENCE 3

NAME: _____ DOB _____

ADDRESS: _____

PRIMARY PHONE NO: _____ SECONDARY PHONE NO: _____

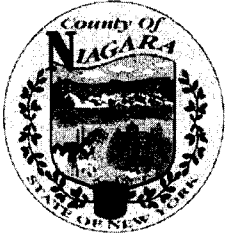
REFERENCE 4

NAME: _____ DOB _____

ADDRESS: _____

PRIMARY PHONE NO: _____ SECONDARY PHONE NO: _____

Notice to Applicants: Please Print. Your character references will be investigated for a past criminal history. A Character reference with an arrest record could be deemed unacceptable and delay your application.



**NIAGARA COUNTY
COUNTY CLERK'S OFFICE
COURTHOUSE
P.O. BOX 461
LOCKPORT, NY 14095-0461**

**JOSEPH A. JASTRZEMSKI
County Clerk**

**MATTHEW L. PARISH
First Deputy County Clerk**

**(716) 439-7022
(716) 439-7035 Fax**

The NYSAFE Act protects the privacy of Pistol Permit license holders by permitting them to provide notification that they do not wish for their information to be released publicly pursuant to a FOIL request. Under the law, current licensees as well as applicants can make this notification to the Niagara County Clerk using the form approved by the Superintendent of the NYS Police

Q: Where do I get the FOIL (Opt-Out) form?

A: The forms are available through the Niagara County Clerk's office, either in paper format or online. They are available at the following locations:

Niagara County Clerk
175 Hawley Street
Lockport, NY 14094

ALL NIAGARA COUNTY DMV LOCATIONS:
111 Main Street, Lockport... 500 Wheatfield Street, North Tonawanda
1001 11th Street, Niagara Falls

You may also download the form at the following link:

http://www.niagaracounty.com/Departments/FireArms_Public_Record_exemption.aspx

The form is also available on the New York State Police website at www.troopers.ny.gov/optoutfoil or the NY SAFE Act website at www.nysafeact.com.

Q: How do I complete the form?

A: In the first section, complete your name, date of birth, address and the county in which you are applying. If you hold a firearms license, there is a space for you to provide the license number as well. In the second section, check the box that best describes the reason your information should not be publicly disclosed. To complete the form, sign and date it. **MAKE SURE YOUR NAME AND ADDRESS ARE LEGIBLE.**

Q: Once I've completed the form, how do I submit it?

A: To submit your form **by mail:** Niagara County Clerk, PO Box 461, Lockport, NY 14095-0461
To submit your form **in person:** Niagara County Clerk, 175 Hawley Street, Lockport, NY
To submit your form **by fax:** 716-439-7035
To submit **by email:** niagaracounty.clerk@niagaracounty.com *Must include actual signature. No typed signature accepted.*

Q: Once the form is completed, how long does it take to become effective?

A: As soon as the Licensing Officer grants your exemption (generally 30-60 days).

Q: Is there a deadline to file the form??

A: No. You may file the form anytime.

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 _____