

New York State  
Pistol/Semi-Automatic Rifle License  
Application



Onondaga County Sheriff's Office – Pistol License Unit  
407 South State Street  
Syracuse, NY 13202  
(315) 435-2037

Email: [PistolLicenseUnit@ongov.net](mailto:PistolLicenseUnit@ongov.net)  
<http://sheriff.ongov.net/pistol-license-unit/>

## Types of Licenses

There are three types of licenses one can apply for as described in section 400.00 of the NYS Penal Law. Except under special circumstances, the issuance of these licenses is restricted to:

1. **Carry Concealed:** Without regard to employment or place of possession subject to the restrictions of State and Federal Law by any person.

Applicants applying for a Carry Concealed License are required to complete the 16-hour classroom and 2-hour live-fire firearms safety training course. A complete list of acceptable instructors can be found under the downloadable forms on the pistol license website.

2. **Possess on Premises:** Have and possess in dwelling by a homeowner ONLY or have and possess in one place of business by a merchant or storekeeper ONLY.

Applicants applying for a Possess on Premises License are required to take a basic handgun safety course. A complete list of acceptable instructors can be found under the downloadable forms on the pistol license website.

3. **Possess/Carry During Employment:** Have and carry concealed while so employed by a messenger employed by a banking institution or express company.

Applicants applying for a Possess/Carry During Employment License must have a letter from their employer stating that they are required to carry a weapon during the performance of their job duties. Applicants are also required to take a basic handgun safety course. A complete list of acceptable instructors can be found under the downloadable forms on the pistol license website.

## Semi-Automatic Rifle Licenses

Effective 9/4/22 – A Semi-Automatic Rifle License is required for anyone acquiring a semi-automatic rifle. Existing Pistol License holders may add this endorsement to their license at any time by going to FAQ #17 on our website for details. Anyone who does **not** possess a valid NYS Pistol License will need to apply for one in order to take possession of any semi-automatic rifles on or after 9/4/22.

## Basic Handgun Safety & Carry Concealed Course

Certificates are valid for THREE years from the date of issuance and must still be valid at time of application in order to be accepted. Depending on what type of license you are applying for, a basic safety or carry concealed course is required **unless** you meet any of the exemptions below.

**Retired Military** - within THREE years of retirement, we will accept a copy of your DD214 indicating your training and/or a letter from your branch of service.

**Active Military** - will need to provide either a training qualification sheet and/or letter from your branch of service.

**Retired Law Enforcement** - within THREE years of retirement, we will we accept a letter from the former employer stating you were current with training.

**Active Law Enforcement**- will need to provide either a training qualification sheet, Qualification Card, or a letter from training/HR or superior officer stating you are current with training.

Please see a list of acceptable instructors on our website under downloadable forms. ONLY certificates from this list will be accepted at your appointment.

## Applicant Instructions

**\*\*ALL** applicant signatures **MUST** be signed in front of Pistol License Staff. Do **NOT** sign your application until your scheduled appointment\*\*

1. Applicants must be 21 years of age at the time of application **and** a resident of Onondaga County.
2. Complete all application paperwork. Type or use black ink ONLY. No copies of your application will be accepted, only originals.
3. Four character reference are required.
  - a. They must be 21 years of age or older and a resident of **ONONDAGA COUNTY**. References outside of Onondaga will not be accepted under any circumstances.
  - b. They cannot be related to or reside in the same household as the applicant.
  - c. Each reference **MUST** complete and sign **BOTH** the NYS application form PPB-3 **AND** the individual character reference forms included in your application. Failure to do so may result in delay of your application or rescheduling your appointment.

Once your handgun safety course and ALL application paperwork have been completed, you will need to go to <http://sheriff.ongov.net/pistol-license-unit/> to schedule your appointment to hand in your application.

## Fingerprints & Photo

**DO NOT** schedule your fingerprints until you have scheduled your appointment to drop off your application **AND** are within **30 days** of that appointment. Fingerprints and photo **MUST** be taken within 30 days of your appointment date. Example – appointment is scheduled for 6/1/23, prints must be taken between 5/2/23 & 5/31/23 in order to be valid.

1. Applicants must schedule an appointment with IdentoGO. Fingerprints/photo are **NOT** processed by the Onondaga County Sheriff's Office.  
Phone: (877) 472-6915  
Website: <http://uenroll.identogo.com/workflows/154fn9>
2. Applicants must have one form of identification and provide the following to IdentoGo staff:
  - a. Service Code: **154FN9**
  - b. Reason for being printed: **PISTOL PERMIT LICENSE**
3. IdentoGo staff will provide a receipt verifying applicants have been fingerprinted and photographed. No additional photo is needed as this one will be used for your license. Applicants should bring their IdentoGO receipt to their appointment.

## Your Appointment

Please bring the following to your appointment:

- Basic Safety Course or Carry Concealed Course certificate
- Application Fee - \$55.75 (Cash/Card/or Money Order accepted)
- NYS Driver's License or NYS Non-Driver's ID (Only forms of ID accepted)
- Completed application and references
- IdentoGO receipt

**Processing time is approximately SIX months. Pursuant to NYS penal Law section 400.00, the Sheriff's Office has six (6) months after your appointment within which to process your application. You will be notified by mail upon approval or denial of your application.**

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

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.



# Pistol License Applicant Questionnaire

Please read and answer all questions carefully

Print or Type - **DO NOT SIGN**

1. Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

2. Current Address: \_\_\_\_\_

3. Phone # Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

4. email Address \_\_\_\_\_

5. Any names you have ever used or been known by and reason for same:

\_\_\_\_\_

6. Place of Birth: \_\_\_\_\_ Single: \_\_\_ Married: \_\_\_ Divorced: \_\_\_ Widowed:

If married, give Spouse's name \_\_\_\_\_

7. Starting with your present address, list all places of residence for the last 5 years. (include apt #s & zip)

\_\_\_\_\_

\_\_\_\_\_

8. Starting with your present employer, list all employers for the last 5 years (include nature of business)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Specifically, where and how will your handgun(s) be safeguarded when not in use?

\_\_\_\_\_

10. State the name and address of the person who will safeguard your handgun(s) in case of your death or disability. \_\_\_\_\_

11. Will any individuals under the age of 21 be left unsupervised in your residence? \_\_\_\_\_

If so, what precautions will be taken to assure no one will gain access to your handgun(s).

\_\_\_\_\_

I have answered the above questions to the best of my knowledge and recollection and I understand that **ANY FALSE** statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the New York State Penal Law.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Onondaga County Sheriff's Office - Pistol License Unit - Character Reference Form**

4 References are Required - Submit 1 Form for each reference. References must be 21 years of age or older, residents of Onondaga County and cannot be family members or reside in the same household. Return all completed forms with application, please make sure your references also sign the NYS Application form PPB 3.

I, \_\_\_\_\_, *being duly sworn, deposes and says that I am aware that: The following* questions are asked in connection with the background investigation of \_\_\_\_\_ applicant for a New York State pistol license. I promise to answer each question to the best of my ability.

**PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY. Print (Black ink) or typewrite all but Signature.**

1. What is your present address? \_\_\_\_\_
2. Your current phone number/cell number (must be accessible contact #): \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Name and address of employer? \_\_\_\_\_  
\_\_\_\_\_
4. How long have you known applicant? \_\_\_\_\_
5. By what other name (s) has applicant been known? \_\_\_\_\_
6. Where does applicant reside? \_\_\_\_\_
7. What is applicant's business or occupation? \_\_\_\_\_
8. Are you related to the applicant? \_\_\_\_\_
9. Will you attest to the applicant's honesty, sobriety, integrity, peacefulness? \_\_\_\_\_
10. Is the applicant a person of good moral character? \_\_\_\_\_
11. Would you, without reservation, recommend applicant for a pistol license? \_\_\_\_\_

**Additional Information or Comments:**

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All information contained in this form will be strictly confidential. Please sign below and return with application.

**I KNOW THE MEANING OF PERJURY; IT IS THE TELLING OF A LIE WHILE UNDER OATH. I ALSO KNOW THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.**

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Of Reference Individual

INTENTIONALLY LEFT BLANK

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\_\_\_\_\_
4. How long have you known applicant? \_\_\_\_\_
5. By what other name (s) has applicant been known? \_\_\_\_\_
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**Additional Information or Comments:**

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**Additional Information or Comments:**

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Of Reference Individual

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Of Reference Individual

INTENTIONALLY LEFT BLANK

# 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 \_\_\_\_\_

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**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

# Onondaga County Sheriff's Office



Tobias Shelley  
Sheriff

Jeffrey T. Passino  
Undersheriff

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Matthew Fischer	Chief Deputy Police Department
John S. Drapikowski	Chief Deputy Custody Department
Craig Belcher	Chief Deputy Special Enforcement
Richard Miori	Chief Deputy Correction Department
Melissa J. Berlinski	Chief Deputy Civil Department
Maureen Murphy	Chief Deputy Administration

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Sheriff's Office	315-435-3044
Police Department	435-3036
Human Resources	435-1767
Civil Department	435-3060
Correction Department	435-5581
Custody Department	435-1717
Criminal Investigations	435-3081
Police Records	435-3010
Custody Records	435-1782

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize the Veteran's Administration, all branches of the United States Military active and reserve, all law enforcement agencies, all courts (Family, City, County, State, Federal), city, state and federal tax bureaus, welfare and unemployment services, credit bureaus, schools, universities, colleges and institutions, to furnish the Onondaga County Sheriff's Office with any and all available information and copies of records regarding me in order that they may determine my suitability with regards to issuance and possession of a pistol permit.

I authorize the Onondaga County Sheriff's Office to make inquiry of my present and past employers regarding my character, integrity and reputation.

NOTE: A photocopy of this authorization shall be considered as effective and valid as the original.

Applicant's DOB: \_\_\_\_\_ Applicant's SS#: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_