



# 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](http://www.monroecounty.gov/pistols) for more information.

Sincerely,

Ms. Jamie Romeo  
Monroe County Clerk



**City of Rochester  
Rochester Police Department  
185 Exchange Boulevard  
Rochester, NY 14614**

**Police Chief David M. Smith**



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 RPD License Investigations Unit at 585-428-6543 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

**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+ 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 CITY OF ROCHESTER RESIDENTS (individuals living inside 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 Monroe County Training Certification Form – Classroom and Live Fire (signed by authorized instructor)
  - Instructors Completed Certificate – Classroom and Live Fire
- **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/pistols-apply](http://www.monroecounty.gov/pistols-apply) to schedule your appointment. You will need to bring:

- completed application packet with original documents – Copies will NOT be accepted
- \$17.00 (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.

- 1. Obtain fingerprints from the Rochester Police Department.** The City of Rochester is doing pistol permit fingerprinting by appointment only, Monday through Friday from 1:00pm - 2:30 pm. To schedule your appointment, please visit: <https://tinyurl.com/RPDFingerPrint>. A valid photo ID with signature is required for identification as well as \$125.00 fee by cash, Postal Money Order or Bank Check payable to the "City Treasurer". Take your receipt with you to the City of Rochester.

Rochester Police Department  
Public Safety Building  
185 Exchange Boulevard  
Rochester, NY 14614

Hours:  
Monday-Friday  
1:00 p.m. to 2:30 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.

## 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.



**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.

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

**PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY**

<b>LEFT FOUR FINGERS</b>	<b>THUMBS TAKEN TOGETHER</b>	<b>RIGHT FOUR FINGERS</b>

**IMPRESSIONS TAKEN BY:** \_\_\_\_\_

NAME RANK SHIELD DATE

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

*Attach this form to your Pistol / Revolver License Application (PPB-3)*

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# 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.

**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.

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

**PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY**

<b>LEFT FOUR FINGERS</b>	<b>THUMBS TAKEN TOGETHER</b>	<b>RIGHT FOUR FINGERS</b>

**IMPRESSIONS TAKEN BY:** \_\_\_\_\_

NAME

RANK

SHIELD

DATE

---

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

*Attach this form to your Pistol / Revolver License Application (PPB-3)*

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**APPLICANT AND REFERENCE CONTACT INFORMATION:**

**FORM 1**

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

Address \_\_\_\_\_  
(Complete Mailing Address)

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

**Spouse (If applicable):**

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

Address \_\_\_\_\_

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

**Character References:**

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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**City of Rochester**

Rochester Police Department  
185 Exchange Boulevard, Suite 630  
Rochester, New York 14614-2124  
www.cityofrochester.gov/publicsafety/police/

**David M. Smith**  
Chief of Police

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

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

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

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

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

\_\_\_\_\_

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

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

Thank you for your Cooperation.

Sincerely,

David M. Smith  
Chief of Police  
Rochester Police Dept.  
185 Exchange Blvd  
Rochester, NY 14614

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

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

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

**Maiden Name (If applicable):** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Social Media Accounts (Used within Last 3 Years) Facebook:** \_\_\_\_\_

**Twitter:** \_\_\_\_\_ **Instagram:** \_\_\_\_\_

**Snapchat:** \_\_\_\_\_ **Other:** \_\_\_\_\_

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

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

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

List all parties who reside at the listed address (full or part time), include DOB's and any cellular or other telephone information for each individual listed:

\_\_\_\_\_  
\_\_\_\_\_

Marital Status: Married Single Divorced Widow(er)

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN: YES NO

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

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

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

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

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

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

**Verification by Subscription and Notice Under Penal Law Section 210.45:**

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

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

\_\_\_\_\_

<b>DO NOT WRITE IN THIS AREA: Section to be completed by Investigating Officer</b>			
Investigating Officer:	_____	IBM _____	CR# _____
Attempts to contact applicant:	Date: _____	Time: _____	Date: _____ Time: _____
Date:	_____	Time: _____	Date of Interview: _____ Time: _____

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Dear Pistol Permit Applicant:

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

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

**CONTACT INFORMATION**

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

Name/Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name/Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name/Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name/Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



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MAIL COMPLETED FORM TO: **Rochester Police Department  
License Investigation Unit  
185 Exchange Blvd.  
Rochester, New York 14614**

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

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

The purpose of this authorization is to give consent for full and complete disclosure of the records of any; educational institutions; public utility companies; Armed Forces of the United States, or any 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 United States Veteran’s Administration.

**Federal HIPAA Compliance Authorization**

1. Purpose: Pistol permit application submitted to the City of Rochester Police Department.
2. Time Frame and authorization needed: any and all pertinent and up to date medical records.
3. (Leave blank: To be completed by Investigating Officer) \_\_\_\_/\_\_\_\_/\_\_\_\_
4. The candidate has the right to revoke the authorization in writing. The candidate must be aware that the potential for information disclosed pursuant to this authorization to be subject to re-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 complaint, arrest, trial and/or convictions for alleged violations of law, including criminal and/or traffic records and records of complaints of civil nature made by me or against me, whenever located, including the records and recollections of any attorney at law or counsel, whether representing me or another person in any case in which I have been a part or had an interest.



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

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

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

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

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

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

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

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

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

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

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

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



# 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.



## **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.**

# 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



# RESPONSIBLE GUN OWNERSHIP

## Gun Safety & Your Health

You have the **RIGHT** to own a gun. You have the **RESPONSIBILITY** to make sure it is secure. Guns, like cleaning products or medicines, can be dangerous if used or stored incorrectly.

### PREVENT GUN RELATED INJURY AND DEATH

- Be sure your gun is **NEVER** accessible to unauthorized or untrained individuals.
- Know how to secure, handle, load, unload and clean your gun.
- **SAFE STORAGE IS KEY:** Securely lock all guns unloaded, and keep separate from ammunition.
- Keep key or combination to gun lock to yourself.
- A car is **NOT** a safe place to keep a gun.
- Alcohol/Drugs and guns **DO NOT MIX.**
- Report lost or stolen guns immediately and keep a personal gun list remotely so you can report a stolen gun accurately.

### IN MONROE COUNTY...

Average number of guns stolen from motor vehicles per year\*

41

Average number of guns stolen during burglaries per year\*

75

86% of guns stolen during a burglary were **NOT** secured\*

\*MCSO study 2016-2020

### CHILDREN AND GUNS

2/3

gun-related deaths in children could have been prevented with secure gun storage<sup>1</sup>

Age at which a child is strong enough to pull a gun's trigger<sup>2</sup>

three

75%

of kids know where the gun is stored in their home<sup>3</sup>

82%

of kids who died by suicide used a family member's gun<sup>4</sup>

TEACH THE CHILDREN IN YOUR LIFE WHAT TO DO IF THEY FIND A GUN:

• Stop what you are doing • Don't touch it • Leave the area • Tell an adult

- Ask about gun safety and storage when your children are visiting other homes
- Talk to your children and family members about gun safety and the risk of gun-related death and injury

## Frequently Asked Questions:

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When does NYS law require the use of a gun lock?

- In households with a resident under the age of 16 or a resident that is prohibited from possessing guns.<sup>5</sup>
- Anywhere that a person under the age of 16 is likely to gain access to such gun.<sup>5</sup>

Where can I get a free gun lock?

- Monroe County Sheriff's Office:  
Free gun locks are available at each MCSO Substation during normal business hours.

Where can I find more gun safety information to protect my children?

- Project Child Safe: <https://projectchildsafe.org/>

Where can I find NYS Gun Laws & Resources?

- Monroe County Clerk, Pistol Permits: <https://www.monroecounty.gov/clerk-pistolpermits>
- New York State Laws: <https://safeact.ny.gov/>
- New York State Police: <https://troopers.ny.gov/firearms>

How do I safely dispose of a gun I no longer want?

- Call 911 to voluntarily surrender the gun to any local police agency.
- Sell it to a registered gun dealer.
- Ask about police/community gun buy back programs.

Where can I obtain gun safety training?

- MCSO Home Firearms Safety Course: <https://www.monroecounty.gov/comserv-hfasafety>
- Inquire with reputable local gun shops and ranges.

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## Suicide Prevention Resources:

- National Suicide Prevention Lifeline: <https://suicidepreventionlifeline.org>
- Suicide Hotline: 800-273-8255

### Citations:

<sup>1</sup> Monuteaux MC, et al. "Association of increased safe household firearm storage with firearm suicide and unintentional death among US youths". *JAMA Pediatrics*, 2019

<sup>2</sup> Naureckas, S. M., et al. "Children's and women's ability to fire handguns". *Archives of pediatrics & adolescent medicine*, 1995

<sup>3</sup> Baxley, F, et al. "Parental misperceptions about children and firearms". *Arch Pediatr Adolesc Med*, 2006

<sup>4</sup> Johnson RM, et al. "Who are the owners of firearms used in adolescent suicides?" *Suicide and Life-Threatening Behavior*, 2010

<sup>5</sup> New York State Penal Law Sections 265.45 and 265.50.

Safety Sheet Sponsored by:



Kessler Trauma Center



Monroe County Clerk  
**JAMIE ROMEO**  
DMV • PASSPORTS • PISTOL PERMITS