Ontario County Clerk's Office

20 ONTARIO STREET
CANANDAIGUA, N.Y. 14424

TELEPHONE: (585) 396-4200
FACSIMILE: (585) 393-2951

Jean E Chrisman
County Clerk

Lisa Record
Deputy County Clerk

Dear Pistol Permit Applicant:

There are several agencies involved in the processing of your pistol permit application. Two of the agencies are located in Albany. The processing of an application takes a minimum of 6 months. The Ontario County Clerk's Office is only an administrative agency providing a "pass-through" for these applications as they make their way through the authorization process.

The State Department of Mental Hygiene and the State Department of Criminal Justice Service, both in Albany and the Ontario County Sheriff's Office must review and comment on the pistol permit applications. After those reviews are complete, the applications are again returned to the Ontario County Clerk's Office. They are then forwarded to the County Court Judge for approval or disapproval. When we receive the Judge's decision the Pistol Permit will be mailed to the applicant.

If you do not hear from the Ontario County Clerk's Office within 1 year of filing your application, please feel free to call us at 585-396-4200 and we will attempt to trace the application for you.

Thank you in advance for your patience.

Sincerely,

Jean E Chrisman

Jean E. Chrisman
Ontario County Clerk

ONTARIO COUNTY CLERK'S OFFICE

20 ONTARIO STREET

CANANDAIGUA, NEW YORK 14424

Phone Number
585-396-4200

Office Hours
8:30am-4:30pm

INSTRUCTIONS FOR PISTOL PERMIT APPLICATION

YOU MUST BE AT LEAST 21 YEARS OLD TO APPLY FOR A NYS PISTOL PERMIT

1. **COMPLETE ALL FORMS:** Please type or print in all blank lines beginning at **"Last Name"**. Make sure all signatures are original.

2. **ARREST INFORMATION: YOU MUST LIST ANY ARRESTS.** The following would also need to be listed if any of them apply
   - An Appearance Ticket (other than a minor traffic ticket such as speeding) directing you to appear in court.
   - An adjournment in contemplation of dismissal (ACD)
   - A conditional discharge of the sentence (where no further sentence was imposed if the applicant stayed out of trouble).
   - An acquittal after trial (even a not guilty verdict).

3. **PICTURE:** One picture is needed for your application. Picture must be current. (Taken within 6 months.) Picture must not be larger than 2" x 2". We can take your picture at the County Clerk's Office for a $10.00 fee. **CASH, CHECK AND CREDIT CARDS ARE ACCEPTED.**

4. **FINGERPRINTS**: **PLEASE SEE ATTACHED FINGERPRINT INSTRUCTIONS.** You must submit your completed application to the County Clerk's office within 1 year of having your fingerprints taken.

5. **NOTARY PUBLIC:** Please be sure that the application is filled out in its **ENTIRETY** before signing & sign and swear to the affidavit on the application in the presence of a Notary Public. A Notary Public must sign the application. There are Notaries Public in the Ontario County Clerk's Office & we can do this for you when you submit your packet.

6. **CHARACTER REFERENCES:** Four character references are needed to sign the application **AND** complete a reference sheet. The references must be residents of **ONTARIO COUNTY OR A CONTIGUOUS COUNTY** and must be acquaintances of yours for at least 5 years. Character references may not be relatives of the applicant. If you are unable to meet the 5-year requirement for your references, list the references anyway and specify the number of years you have been acquainted. Then you will also need to submit **4 additional** references from where you previously lived that have known you for a minimum of 5 years. Additional reference sheets are available at the County Clerk's Office or you may print additional pages from our website within the pistol permit application. Out of state and out of county character references are acceptable along with the list of the 4 references you have listed from **ONTARIO COUNTY OR A CONTIGUOUS COUNTY**. The character references will be thoroughly checked by the Ontario County Sheriff's Office. Please list on the 'Additional Information' sheet the best time your references can be reached and what number they can be reached at. If your reference information changes, please contact the Ontario County Clerk's Office.
   If these reference requirements are not met within 90 days of submission, your application will be deemed incomplete & you will need to re-apply.

7. **GUN INFORMATION:** If you have selected a firearm for purchase, a dealer's receipt or a bill of sale **MUST** accompany the application and the gun information needs to be completed at the bottom of the photo page of the application. If you are planning on co-registering firearms with immediate family, the 'Co-Registration consent form' must accompany your application. If immediate family will be transferring firearms to you, you will need to include the notarized 'Transfer form' with your application. Both of these forms can be found on the County Clerk's website. Please list the firearms on the photo page of the application. Name and address must also be provided. When your permit is approved, the firearms will be printed on your card. **THIS IS VERY IMPORTANT. BY PROVIDING THE GUN INFORMATION WHEN SUBMITTING YOUR APPLICATION IT WILL BE MORE EFFICIENT FOR OUR OFFICE AND MORE ECONOMICAL FOR YOU.**

   "Immediate Family" = Parent, Sibling, Spouse, Child, Stepchild, Grandparent/Grandchild or In-laws. If you'd like to co-register with anyone other than immediate family, you will need to write a letter to Judge Reed for approval. This can be submitted with your application or at any time in the future.

8. **APPLICATION PROCESSING:** After you have completed the application and have enclosed all necessary information, you **MUST** submit the packet in its entirety **IN PERSON** to the **ONTARIO COUNTY CLERK'S OFFICE.** There will be a $10.00 fee due at that time. **CASH, CHECK AND CREDIT CARDS ARE ACCEPTED.** (This fee is non-refundable.). You will be notified by mail if you are approved or denied a pistol permit.

   APPLICATIONS FOR A PISTOL PERMIT WILL TAKE A MINIMUM OF SIX MONTHS TO PROCESS AFTER YOU HAVE RETURNED THE COMPLETED PACKET TO THE COUNTY CLERK'S OFFICE.

9. **GUN SAFETY COURSE:** Concealed Carry license types require a Firearm Safety Course which consists of 16 hours of classroom training and 2 hours of range training. The course must be given by an instructor that follows the protocol set by NYS. You will need proof of this training submitted with your completed application.

10. **QUESTIONS:** If you have any questions, please call the Ontario County Clerk's Office at 585-396-4200.

Electronic Fingerprint Processing

Effective May 1, 2013 all fingerprinting for pistol permits will need to be submitted electronically through a service called Morpho Trust USA.

The website for Morpho Trust USA is https://uenroll.identogo.com/ and the toll free telephone number is 877-472-6915. For TTY/TTD 877-219-0199. You can also scan the QR below to access the Morpho Trust USA website.

You must either visit the website or call the toll-free number and set up an appointment. You may pay on-line when you schedule your appointment. If you don't pay on-line, payment will be due at the time your prints are taken. Please check the website or call the toll-free number for amount due.

Ontario County's ORI number is NY0340000. The reason for fingerprinting is "Pistol Permit Application". This must be provided to the service when you schedule your appointment. If you are asked for a service code you will need to enter 154GH9.

You will need 2 forms of identification, at least one of which must have a photo.
If you didn't pay on-line when you scheduled your appointment, you will need to bring your payment to the fingerprinting appointment.

You will also have your picture taken at this appointment. This DOES NOT eliminate the need to have a picture for the application. You will need to provide a picture when you turn your application into the County Clerk's Office.

If you schedule your appointment through https://uenroll.identogo.com/ please print out the confirmation page and take it with you to your appointment.

Please check the website for times and locations.

Please include a copy of the fingerprint receipt with your application when you submit it to our office.

 Complete the form in its entirety. Fields that are not fillable must be hand written/signed.

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

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**

_____ 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 LICENSE APPLICATION
ADDITIONAL INFORMATION

Please fill out the following information to facilitate local investigation into your pistol permit application.
Failure to provide the following information will delay processing.
All references will be contacted by phone by the Sheriff's Office.

I. APPLICANT: _____

A. Phone no.(s): Home: _____ Cell: _____ Business: _____

B. Address (use road name or number rather than RD No.):
_____

C. Township where applicant resides: _____

II. REFERENCES (Please PRINT all information.)

A. Name: _____

Address: _____

Town: _____ Zip: _____

Best time to be reached_____

Phone no.(s): Home: _____Cell :_____Business:_____

B. Name: _____

Address: _____

Town: _____ Zip: _____

Best time to be reached_____

Phone no.(s): Home: _____Cell: _____Business: _____

C. Name: _____

Address: _____

Town: _____ Zip: _____

Best time to be reached_____

Phone no.(s): Home: _____Cell: _____Business: _____

D. Name: _____

Address: _____

Town: _____ Zip: _____

Best time to be reached_____

Phone no.(s): Home: _____Cell: _____Business: _____

Office of Sheriff
County of Ontario

www.co.ontario.ny.us
3045 County Complex Drive
Canandaigua, New York 14424-1898

David J. Cirencione
Sheriff

Michael L. Rago
Undersheriff

Dear Sir/Madam,

You have recently signed a pistol permit license application for an individual named below. Therefore, it is necessary that you complete the following questions. Any additional information you might like to make available to the Ontario County Sheriff's Office should be recorded on the "Remarks" line.

WHEN COMPLETED, PLEASE FORWARD TO THE ONTARIO COUNTY CLERK'S OFFICE/PISTOL PERMIT DIVISION AT 20 ONTARIO STREET, CANANDAIGUA, N.Y. 14424

The issue of handgun safety is necessarily a serious consideration prior to the issuance of a pistol license permit. Therefore, we need to establish any and all information that will identify the character and safety habits of those persons applying for this privilege. Please feel free to be open and honest with your information.

Thank you for your cooperation in this matter. If you need to ask any questions, you may contact this office.

Respectfully,

David J. Cirencione

David J. Cirencione, Sheriff

*The name of the person for whom you signed as a character witness:*_____
How long have you known this person? _____

*Is your acquaintance casual or do you know him/her well?*_____
*Do you consider him/her trustworthy?*_____

*Has he/she ever been in trouble to your knowledge?*_____
*Has he/she ever been in a mental institution?*_____

*Do you feel that a pistol permit be granted?*_____
*Do you consider the applicant to be a good citizen?*_____

*Remarks:*_____
_____

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 a written statement, to knowingly make a false statement, or to make a statement which such person does not believe to be true.

Phone:_____
Address:_____
_____

**Affirmed under penalty of perjury
this_____day of_____20____

_____
Signature

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Phone:_____
Address:_____
_____

**Affirmed under penalty of perjury
this_____day of_____20____

_____
Signature

AUTHORIZATION FOR RELEASE OF FAMILY COURT RECORDS

I, _____, hereby authorize a member of the Ontario County Sheriff's Office to access all pleadings, orders, decrees, and other documents pertaining to myself that are contained in the records of the Family Court for the purpose of conducting an investigation pursuant to my application for a pistol permit.

I understand that records and information disclosed pursuant to this authorization will be retained as confidential and may not be redisclosed except as necessary for the investigation pertaining to my pistol permit application (22 NYCRR 205.5).

Your signature affixed hereto must be notarized.

Signed: _____

Dated: _____

State of New York

County of Ontario

On this, the _____day of _____, 20____, before me a notary public, the above undersigned individual, personally appeared_____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness thereof, I hereunto set my hand and official seal.

_____

_____

Notary Public

NYS Firearm License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: [ ] an **applicant** for a firearm 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 firearm 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 apply):

[ ] 1. **My life or safety may be endangered by the 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 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:**

_____

_____

_____

_____

[ ] 3. **I am a spouse, domestic partner, or a household member of a person identified in A, B, C, or D of question 1:** A __ B __ C __ D __

[ ] 4. **I have reason to believe that I may be subject to unwarranted harassment upon disclosure.**

I understand that dales 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