

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 DEALER/GUNSMITH LICENSE(S)

1. **COMPLETE ALL OF THE FORMS** - Please type or print in all blank lines. All signatures must be originals.
2. **PLEASE READ AND FOLLOW ALL INSTRUCTIONS** - Start completing the application form on the line beginning "Last Name"
3. **ARREST INFORMATION** - **YOU MUST LIST ANY ARRESTS.** The following would also need to be listed if any apply:
 - An appearance ticket (other than traffic tickets such as speeding)
 - An adjournment in contemplation of dismissal (ACD)
 - A conditional discharge of sentence where no further sentence was imposed if the applicant
 - An acquittal after trial (even a not guilty verdict)
4. **PICTURE**- One picture is needed for your application. The picture must be taken within six months, and be no larger than 2" X 2". We can take your picture for a \$10.00 fee payable by cash, check or credit card.
5. **FINGERPRINTING**- Please refer to the attached page labeled "Electronic Fingerprint Processing". **You must submit your application to the County Clerk's office within 90 days of having your fingerprints taken.**
6. **NOTARY PUBLIC OR JUSTICE OF THE PEACE** - Be sure to sign and swear to the affidavit on the second page of the application in the presence of a Notary Public. The application must be filled out in its entirety before signing. Make sure the Notary Public or Justice also signs the application. The Ontario County Clerk's Office has Notaries Public available also.
7. **CHARACTER REFERENCES** - Four-character references are needed to sign the application and must each complete and sign a reference sheet. The references must be residents of **ONTARIO COUNTY OR A CONTIGUOUS COUNTY**. All references must be acquaintances of yours for at least five years. Character references may **not** be relatives of the applicant.
Please note: If you are unable to meet the five-year requirement for your references, list the references anyway, and specify the number of years you have known them. You will then need to provide **four additional references** from where you previously lived that you have known for five years. Our office has additional reference sheets. References will be thoroughly checked by the Ontario County Sheriff's Office. All references will be called. 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 Pistol Permit Section at 585-393-2953.
IF THESE REFERENCE REQUIREMENTS ARE NOT MET, YOUR APPLICATION WILL NOT BE ACCEPTED.
8. **APPLICATION PROCESSING**- After you have completed the application and enclosed all necessary information, you must return the packet in its entirety to the **ONTARIO COUNTY CLERK'S OFFICE**. There will be a \$10.00 fee due for each license at that time that is payable by **cash, check or credit card** (this fee is non-refundable). If you are approved for the license(s) we will then mail them to you. If your application is disapproved, you will be notified by mail.
9. **PROCESSING TIME**- Applications for a Dealer/Gunsmith license permit will take approximately four to six months to process after you have returned the packet to the County Clerk's Office. If you are renewing your license, please remember to submit your renewal ahead of time to leave adequate time for processing before your expiration date.
10. **QUESTIONS**- Please contact the Ontario County Clerk's Office at (585)396-4200 with any questions.

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.

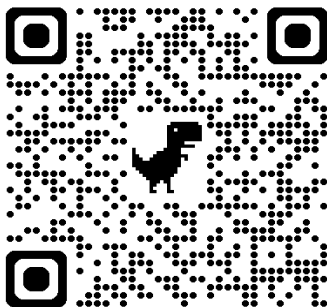
You will need 2 forms of identification, at least one of which must have a photo. If you didn't pay on-line when you scheduled your appointment, you will need to bring your payment to the fingerprinting appointment.

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.



State of New York

Application For License as Gunsmith-Dealer In Firearms

THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	Expiration Date	
ORIGINAL APPLICATION ☐	RENEWAL ☐	

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

Personal Information

Last Name		First Name		Middle Name	Suffix
Street Name (Physical Address)			Apt #	City	State Zip
Mailing Address (If Different than Physical)			Apt #	City	State Zip
Sex:	DOB:	Height: ft In	Weight:	Hair:	Eyes:
Social Security Number:		Race:			
Citizen of U.S.	Primary Phone #	Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business	
Business Address			Apt #	City	State Zip

I hereby apply for a license as: (Check all that apply) ☐ Gunsmith ☐ Dealer in Firearms

Business Telephone	Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)

Is this application for: (Check one) ☐ Individual ☐ Firm ☐ Company ☐ Corporation ☐ Partnership

Name of Firm, Company, Corporation, or Partnership

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

Application For License as Gunsmith-Dealer In Firearms

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?

Yes

No

If yes, furnish the following information:



Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Have you ever been terminated/discharged from any employment or the armed forces for cause?

Have you ever undergone treatment for alcoholism or drug use?

Have you ever suffered any mental illness, or been confined to any hospital, public or private institution, for mental illness?

Have you ever had a pistol license, dealer's license, gunsmith license, or any application for such a license disapproved, or had such a license revoked or cancelled?

Do you have any physical condition which could interfere with safe and proper handling of a firearm?

Have you ever been charged, petitioned against, a respondent, or otherwise been a subject of a proceeding in family court?

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

ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT OR BOTH

Photograph
Of Applicant
Taken Within 30 Days



Full Face Only

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 TRANSFERABLE TO ANOTHER PREMISE, EXCEPT IN ACCORDANCE WITH PENAL LAW SECTION 400.00 SUBD. 8.
2. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION MAY REMAIN VALID DURING ITS TERM PROVIDING THE APPLICANT RETAINS A VALID LICENSE ISSUED PURSUANT TO APPLICABLE FEDERAL LAWS GOVERNING COMMERCE IN FIREARMS.
3. 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.
4. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION AUTHORIZES POSSESSION OF FIREARMS OFF OF THE BUSINESS PREMISES INDICATED HEREIN, EXCEPT IN ACCORDANCE WITH PENAL LAW SECTION 400.00. SUBD 8.

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

State of New York

Application For License as Gunsmith-Dealer In Firearms

IF APPLICANT IS A FIRM OR PARTNERSHIP, THE APPLICATION MUST BE SIGNED AND VERIFIED BY EACH INDIVIDUAL COMPOSING OR INTENDING TO COMPOSE SUCH FIRM OR PARTNERSHIP.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

IF THE APPLICANT IS A CORPORATION, THE FOLLOWING INFORMATION IS NECESSARY:

SIGNATURE OF PRESIDENT _____ SIGNATURE OF SECRETARY _____

SIGNATURE OF TREASURER _____ NAME OF CORPORATION _____

DATE AND PLACE OF INCORPORATION _____

LOCATION OF PRINCIPAL PLACE OF BUSINESS _____
STREET CITY COUNTY STATE

1. RIGHT THUMB

2. RIGHT FOREFINGER

3. RIGHT MIDDLE FINGER

4. RIGHT RING FINGER

5. RIGHT LITTLE FINGER

6. LEFT THUMB

7. LEFT FOREFINGER

8. LEFT MIDDLE FINGER

9. LEFT RING FINGER

10. LEFT LITTLE FINGER

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS

RIGHT FOUR FINGERS

THUMBS TAKEN TOGETHER

**IMPRESSIONS
TAKEN BY:**

NAME

RANK

SHIELD

DATE

APPLICANT'S SIGNATURE AND ADDRESS:

INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME

RANK

ORGANIZATION

THIS APPLICATION IS: ☐ APPROVED ☐ DISAPPROVED

SIGNATURE OF INVESTIGATING OFFICER _____

TITLE AND SIGNATURE OF LICENSING OFFICER

DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE SUPERINTENDENT OF STATE POLICE WITHIN TEN DAYS OF DATE OF ISSUANCE AS REQUIRED BY SECTION 400.00, SUBDIVISION 5, PENAL LAW.

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: _____

(OCCO-ADD INFO-11/2014)



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

OCSO-PPFCR-1.08