OFFICE OF THE SHERIFF
CAYUGA COUNTY NEW YORK

Brian P. Schenck
Sheriff

Respect ~ Integrity ~ Dedication ~ Community

Stuart Peenstra
Undersheriff

PISTOL LICENSING REQUIREMENTS AND INSTRUCTIONS

STOP AND READ

- **You must be at least 21 years of age** (You may be under 21 years of age if possess an Honorable Discharge from Military Service.)
- **You must be a resident of Cayuga County** for at least the last **6 months**.
- **You must have attended an approved handgun safety course within the previous three (3) years. See last page for requirements and list of approved instructors.**
- **You cannot be convicted of any felony or serious offense, or convicted of DWI or assault in the past five years.**
- Contact the Identification Office to schedule your appointment by calling (315)294-8151 or on-line at * www.cayugasheriff.setmore.com *
- Please allow 45-60 minutes for your appointment to be fingerprinted and interviewed.
- Bring the following to your interview:
  - ✓ **Completed application packet (Reference forms can be 30 days from appointment)**
    - **Ensure that both NYS Application forms and other included documents are signed in front of a Notary before your appointment!**
  - ✓ **Handgun Safety Certificate**
  - ✓ **TWO 2" x 2" photos** (Passport size) taken within 30 days of your appointment. These can be obtained anywhere passport photos are taken. Selfies are NOT acceptable.
  - ✓ **Current photo ID.** NYS Driver's License or NYS Non-Driver ID (if you do not possess a NYS Driver's License.)
  - ✓ **BACKGROUND FEE of $91.50 payable by certified bank check or money order made payable to Cayuga County Sheriff. NO PERSONAL CHECKS.**
  - ✓ **PROCESSING FEE of $10.00 payable in cash.**
  - ✓ **A Valid Identification Card - New York Drivers License, Passport, etc.**

FAILURE TO BRING ANY OF THE ABOVE WILL REQUIRE RE-SCHEDULING YOUR APPOINTMENT.

If you are unable to keep your appointment, please call (315) 294-8151 to cancel or reschedule. Late arrivals will require re-scheduling for another date.

More detailed instructions for the application section follow. If you have any questions please feel free to call the office or email us at jleszczynski@cayugacounty.gov

Rev 08/2026

PPB-3 NEW YORK STATE APPLICATION FORM Pages 3 - 10. **If you print this packet yourself, please print these four pages separately in DUPLEX (front & back) format. You need TWO original PPB-3's.**

- **DO NOT WRITE ABOVE the Federal Privacy Act Disclaimer (shaded gray area). Office use only.**
- **Complete the form to the best of your ability. Be as thorough as possible.**
- **Please choose type of License and/or Semi-Automatic Rifle License.**
- **YOUR FOUR CHARACTER REFERENCES MUST SIGN BOTH PPB-3 ORIGINALS.**
- **Both PPB-3 forms - must be signed in front of a notary on the last page where the photo is attached. "Signature of Officer Administering Oath" is the Notary NOT the Police.**
- **YOUR FOUR CHARACTER REFERENCES MUST COMPLETE A CHARACTER REFERENCE FORM AND SIGN THAT FORM IN FRONT OF A NOTARY**
- **BLACK INK ONLY if hand written.**
- **Incomplete or Missing forms will require you to re-schedule for a later date and return with the corrected forms/information.**

Your Personal Character References:

- **MUST** be over the age of 21
- **MUST** be Cayuga County Residents you have known for a reasonable amount of time.
- **NO** Police Officers
- **NO** Relatives or In-laws
- **CANNOT** reside in your household.
  (Questions on References please call (315) 294-8151 for clarification)
- Each of your four (4) character references **must sign** both PPB-3 forms in **BLACK INK**.

Arrests: Please complete to the best of your knowledge. We understand that there are only four spaces for arrests on this form, use an additional blank sheet of paper if necessary. **You must disclose any and all arrests** (except Violation Level Traffic Offenses) including DWI/DWAI/Driving While Impaired by Drugs or other forms of arrest for operating while intoxicated/impaired (boating, snowmobiling, ATV), juvenile arrests handled by Family Court, adjudicated as a Youthful Offender, charges that were dismissed and sealed arrests. Arrests can be in many different forms including summary arrests/warrant arrests (taken into custody), and arrest by appearance ticket or criminal summons directing you to appear in court at a specified date. Failure to disclose will most likely result in the denial of your application.

QUESTIONNAIRE and AFFIDAVIT Pages 11-14. Complete as thoroughly as possible. Some of this information has already been requested on the NYS application PPB-3, please include it here also.

INFORMATION RELEASES Pages 15 & 18-19 - complete and sign all three.

Information Release: Complete Name, Date of Birth and SSN boxes and sign in front of a Notary or at your appointment.
Health Information Release forms: There are **two different (2) forms**; Cayuga County Mental Health and Cayuga Counseling services. Complete Name, DOB, SSN, Address and Sign.

PUBLIC RECORDS EXEMPTION FORM Page 21. Complete Name, DOB & Address and sign. This form determines how your personal information is protected in the event of a FOIL (Freedom of Information) Request. Please choose an option as to why you would like your information kept protected.

REQUEST TO CARRY WHILE AT PLACE OF EMPLOYMENT/ MEMBERSHIP Page 23. This form is only required if you are requesting to carry your legally registered handgun while at work or due to membership in a club, volunteer organization, association, or group.

PPB-3 (Rev 12/23)

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
		Cayuga
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 **J.J. Leszczynski** Rank **ID Officer** Organization **Cayuga County Sheriff's Office**

Date Submitted _____

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

Name **J.J. Leszczynski** Rank **ID Officer** Organization **Cayuga County Sheriff's Office**

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

PPB-3 (Rev 12/23)

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
		Cayuga
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 **J.J. Leszczynski** Rank **ID Officer** Organization **Cayuga County Sheriff's Office**

Date Submitted _____

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

Name **J.J. Leszczynski** Rank **ID Officer** Organization **Cayuga County Sheriff's Office**

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

Office of the Sheriff
County of Cayuga

PISTOL PERMIT APPLICANT QUESTIONNAIRE AND AFFIDAVIT

STATE OF NEW YORK)
COUNTY OF CAYUGA) ss:

The undersigned in support of such application submits the following questionnaire and affidavit:

Full Name _____

Date of Birth _____ Social Security # _____

Residential Address

_____

_____

Mailing Address (if different from residential)

_____

_____

County of Residence _____

Length of time: in County _____ Years _____ Months at Residence _____ Years _____ Months

Home Phone # _____ Cell Phone # _____

Driver's License # _____ State of Issue _____

Place of Birth (City/State) _____

Are you a citizen of the United States? ☐ Yes ☐ No If no, what is your citizenship? _____

Have you ever been known by any other name? ☐ Yes ☐ No

If yes, please state in full each name used or which you have at any time been known, and reasons for such name.

_____

_____

Do you claim any other address as your permanent legal address? ☐ Yes ☐ No

If yes, give other address: _____

Length of time at that address: _____ Years _____ Months

Do you file a New York State Income Tax Form? ☐ Yes ☐ No

If no, are you claimed as a dependent on anyone's Income Tax? ☐ Yes ☐ No

Marital Status: ____ Single ____ Married ____ Widowed ____ Separated ____ Divorced

If married/widowed, please state the date and place of marriage and name/maiden name of spouse:

_____

If you are married and living apart, has your separation been the subject of legal proceedings? ☐ Yes ☐ No

If you have been previously married, state full name of your prior spouse(s) and the date and location where the marital status was terminated: (if additional space is required continue on reverse):

_____

Have you ever been charged, petitioned against, or otherwise been a subject of a proceeding in Family Court?

☐ Yes ☐ No If Yes, give full details (if additional space is required continue on reverse):

_____

_____

_____

BEGINNING WITH YOUR CURRENT ADDRESS, list every permanent and temporary place where you have lived for the last 10 years. Please provide COMPLETE address and dates you lived there. If additional space is required, continue on reverse.

Example: 123 Main St, Anytown, NY 12345 from 10/2017 to 11/2019

_____

_____

_____

_____

_____

_____

_____

_____

Are you now or have you ever been a member of the Armed Forces of the United States, including National Guard or any of the reserve components? ☐ Yes (list below) ☐ No

Dates of Active Duty: _____

Branch of Service: _____

Date of Discharge: _____

As a member of the Armed Forces, have any charges or proceedings been instituted against you? ☐ Yes ☐ No

Have you ever been a defendant in any court martial? ☐ Yes ☐ No

Have you ever received a medical discharge or administrative discharge for medical reason? ☐ Yes ☐ No

If yes to any of the above, please state the date, the nature of the charge, if any, the facts and disposition of the matter and the location and designation of the military establishment where such proceeding took place.

_____

_____

BEGINNING WITH YOUR CURRENT EMPLOYER, list all employers in the last 10 years where you have been employed, self-employed, or associated with any occupation, business, enterprise, or profession, either part-time or full-time? (ALL PERIODS OF TIME IN THE LAST TEN (10) YEARS PRIOR TO THE DATE OF FILING OF THIS APPLICATION MUST BE COVERED. If additional space is required, continue on reverse.

Employer's Name & Full Address	Nature of Business	Position & Reason for Leaving	From/To (month/year)

The following is a COMPLETE record of all instances in which you were arrested or taken into custody, to include being issued an appearance ticket or a court summons. YOU MUST INCLUDE ANY MISDEMEANOR OR FELONY TRAFFIC ARRESTS AND ANY ARRESTS FOR DWI, DWAI-DRUGS OR DWAI. HAVING BEEN ADJUDGED A YOUTHFUL OFFENDER DOES NOT EXCUSE "FULL DISCLOSURE" OF THE UNDERLYING ARREST. No statute, court order, or legal proceeding expunging the information required herein from any record, or dismissing, vacating or setting aside any arrest, accusation or conviction, or purporting to authorize any person to deny existence of such matters shall excuse less than full disclosure. YOU MUST ANSWER THE QUESTIONS (ATTACHMENT OF LETTERS FROM LAW ENFORCEMENT AGENCIES IN LIEU OF AN ANSWER IS NOT ACCEPTABLE.) If additional space is required, continue on reverse.

Date of Arrest	Court	Nature of Charge	Disposition	Fine Amount $

Have you ever been granted immunity and testified as a witness in any criminal action or criminal proceeding in which you were not a party? ☐ Yes ☐ No

If yes, please state the place(s), the date(s), the names of the Defendant(s), the nature of the action or proceeding(s), the Court(s) and the circumstances.

_____

_____

Are you or have you ever been treated for dependency for drugs or alcohol? ☐ Yes ☐ No

If yes, please state the details, including dates. _____

_____

Have you ever been declared legally incompetent? ☐ Yes ☐ No

If yes, please state the details, Court, date and Circumstances: _____

_____

Have you ever received a diagnosis of any form of emotional disturbance, nervous or mental disorder? ☐ Yes ☐ No

If yes, please state the details, including dates._____

_____

Have you ever sought or received treatment, therapy or counseling for any form of emotional disturbance, nervous or mental disorder? ☐ Yes ☐ No

If yes, state the names and address of the psychologist, psychiatrists, or other medical practitioners who treated you.

_____

_____

Please state the names, relationships (e.g. spouse, child) of any persons over the age of 16 years living in the dwelling where you reside and state whether any of them have ever been convicted anywhere of any offense (except traffic infractions), and if they were ever treated for alcohol or drug use, or suffered from any mental illness or confined to any hospital, public or private, for mental illness.

_____

_____

_____

_____

I have familiarity with a firearm through the following (give brief description of proof selected):

- ☐ Military Service _____
- ☐ Law Enforcement _____
- ☐ Valid Hunting License If so, when & where issued _____
- ☐ Hunter Safety Course If so, when & where issued _____
- ☐ Pistol Safety Course If so, when & where issued _____
- ☐ Other experience: _____

Do you have any medical issues that would impact your safe handling of a firearm? ☐ Yes ☐ No
If yes, please provide a brief explanation:

_____

_____

_____

Please briefly state your reason for requesting a pistol permit:

_____

_____

_____

In regards to my pistol permit, I request the following:

- ☐ Have and Possess (commonly referred to as "premises license" which authorizes the license holder to possess a firearm at a certain location such as their home or place of business.)
- ☐ Have and Carry Concealed (commonly referred to as "concealed carry license", which authorizes the license holder to carry a pistol or revolver on their person.)
- ☐ Possess/Carry During Employment (letter required from employer.)
- ☐ Semi-Automatic Rifle License (ability to purchase a semi-automatic rifle.)

I understand that this questionnaire is a continuing questionnaire and I must provide fully and correctly the information requested as of the date of my application. I will, therefore, before such licensing, notify the court by filing an amendment to this affidavit as to any change with respect to any matter regarding any information requested herein.

_____, being duly sworn says:
(Applicant's Printed Name)

I have read the foregoing questions and have answered the same fully. The answers are complete and true to my own knowledge. I have written the answers or they have been fully written under my supervision.

NOTICE
(PENAL LAW § 210.45)
Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both.

SIGNATURE:_____ DATE:_____

Sworn to before me this _____ day of _____ 20_____

_____
Notary Public

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, State and Local Departments of Mental Health, credit bureaus, schools, universities, colleges and institutions, to furnish the Cayuga 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 Cayuga 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: _____

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Instructions for the Use of the HIPAA-compliant Authorization Form to Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as "at the conclusion of my court case" or provide a specific date amount of time, such as "3 years from this date".

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.

OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
Cayuga County Mental Health

8. Name and address of person(s) or category of person to whom this information will be sent:
Cayuga County Court Judge, Cayuga County Sheriff's Office

9(a). Specific information to be released:

❑ Medical Record from (insert date) _____ to (insert date) _____

❑ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☒ Other: Records pertaining to mental health and drug/alcohol treatment.

Include: (*Indicate by Initialing*)

_____ **Alcohol/Drug Treatment**

_____ **Mental Health Information**

Authorization to Discuss Health Information

(b) ❑ By initialing here _____ I authorize Cayuga County Mental Health

Initials — Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

Cayuga County Sheriff's Office/Cayuga County Court

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:	11. Date or event on which this authorization will expire:
❑ At request of individual ☒ Other: **Pursuant to NYS Penal Law 400.00(4)**	**UPON RECEIPT OF DOCUMENTS**
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: _____

Signature of patient or representative authorized by law.

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

OCA Official Form No.: 960

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[This form has been approved by the New York State Department of Health]

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Patient Address		

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1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
Cayuga Counseling

8. Name and address of person(s) or category of person to whom this information will be sent:
Cayuga County Court Judge, Cayuga County Sheriff's Office

9(a). Specific information to be released:

- ❑ Medical Record from (insert date) _____ to (insert date) _____
- ❑ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☒ Other: Records pertaining to mental health and drug/alcohol treatment.

Include: (*Indicate by Initialing*)

_____ **Alcohol/Drug Treatment**

_____ **Mental Health Information**

Authorization to Discuss Health Information

(b) ❑ By initialing here _____ I authorize Cayuga Counseling

Initials — Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:
Cayuga County Sheriff's Office/Cayuga County Court

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:
- ❑ At request of individual
- ☒ Other: **Pursuant to NYS Penal Law 400.00(4)**

11. Date or event on which this authorization will expire:
UPON RECEIPT OF DOCUMENTS

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: _____

Signature of patient or representative authorized by law.

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

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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_____

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**

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OFFICE OF THE SHERIFF – CAYUGA COUNTY
NEW YORK STATE PISTOL PERMIT LICENSE APPLICATION
LETTER REQUESTING CARRY WHILE AT PLACE OF EMPLOYMENT/MEMBERSHIP

Employee/Member Name: _____

Business/Org. Name: _____

Address: _____

_____

Phone # _____

Nature of Business/Org.: _____

Employee/Member Duties: _____

I, _____, do hereby
(Print Name of Owner or Person Having Authority to Authorize Carry at Work)

authorize the above named employee/member to carry his legally registered handgun while actively engaged in activities as a part of this organization.

_____
Signature of Owner or Chief Officer of the Organization

Sworn to before me this _____ day of _____,20____.

_____
(Notary Public)

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OFFICE OF THE SHERIFF
CAYUGA COUNTY NEW YORK

Brian P. Schenck
Sheriff

Respect ~ Integrity ~ Dedication ~ Community

Stuart Peenstra
Undersheriff

CHARACTER REFERENCE FORM

Instructions: You have signed as a Character Reference for the New York State Police Pistol Permit Applicant noted below. Please complete, notarize, sign and return this form to our office within 30 days after the Applicant's appointment date.

I _____ , depose and state that I am aware that the following questions are asked in connection with the background investigation of _____ application for the New York State Pistol Permit. I promise to answer each question to the best of my ability.

--PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY, PRINT OR TYPE ALL BUT THE SIGNATURE--

1. What is your present address?_____
2. Your date of birth?_____ Your place of birth?_____ Your gender?_____
3. Name and address of your employer?_____
4. How long have you known the applicant?_____
5. By what other name(s) has the applicant been known?_____
6. Where does the applicant reside?_____
7. What is the applicant's business of occupation?_____
8. Are you related to the applicant?_____
9. Are you a resident of, or have you ever been a resident of the applicant's household?_____
10. Will you attest to the applicant's honesty, sobriety, integrity, and peacefulness?_____
11. Would you, without reservation, recommend the applicant for a pistol permit?_____
12. Is the applicant of good moral character?_____
13. Have you ever seen a post, comment, like, dislike of anything alarming in nature of the applicant's social media account(s)?_____

If you answered **"YES"** to questions #8, #9, or #13, or, if you answered **"NO"** to questions #10, #11, or #12, please provide an explanation under "Additional Information of Comments" below.

ADDITIONAL INFORMATON OF COMMENTS:_____

_____

_____

THE FACTS CONTAINED HERIN ARE TRUE AND CORRECT. I UNDERSTAND THAT MAKING A FALSE WRITTEN STATEMENT IS PUNISHABLE AS A CLASS A MISDEAMEANOR PURSUANT TO SECTION 210.6 OF THE PENAL LAW OF THE STATE OF NEW YORK.

DATED:_____ SIGNATURE:_____

Subscribed and Sworn
Before me on
_____day of _____ 20_____

_____
Notary Public

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OFFICE OF THE SHERIFF
CAYUGA COUNTY NEW YORK

Brian P. Schenck
Sheriff

Respect ~ Integrity ~ Dedication ~ Community

Stuart Peenstra
Undersheriff

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--PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY, PRINT OR TYPE ALL BUT THE SIGNATURE--

1. What is your present address?_____
2. Your date of birth?_____ Your place of birth?_____ Your gender?_____
3. Name and address of your employer?_____
4. How long have you known the applicant?_____
5. By what other name(s) has the applicant been known?_____
6. Where does the applicant reside?_____
7. What is the applicant's business of occupation?_____
8. Are you related to the applicant?_____
9. Are you a resident of, or have you ever been a resident of the applicant's household?_____
10. Will you attest to the applicant's honesty, sobriety, integrity, and peacefulness?_____
11. Would you, without reservation, recommend the applicant for a pistol permit?_____
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13. Have you ever seen a post, comment, like, dislike of anything alarming in nature of the applicant's social media account(s)?_____

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DATED:_____ SIGNATURE:_____

Subscribed and Sworn
Before me on
_____day of _____ 20_____

_____
Notary Public

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DATED:_____ SIGNATURE:_____

Subscribed and Sworn
Before me on
_____day of _____ 20_____

_____
Notary Public

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BASIC HANDGUN SAFETY COURSE

Handgun safety is a primary concern of the Sheriff's Office in screening prospective applicants and a handgun safety course **is required prior to application processing**. **ONLY** a certificate issued by any of the Certified Instructors listed below will be accepted.

16 Hour Approved Concealed Carry Course

- **Matt Mallory:** 315-567-9268 ~ www.PSandEd.com
- **Firearms Training of WNY:** James Emmick ~ ftwny.com ~ 716-903-2558
- **On Target Firearms:** Brian Bannerman ~ 585-545-4988 ~ ontargetfirearmsrochester.com
- **Buck Stephens:** 315-664-2474 ~ info@defenseinstructors.com ~ https://defenseinstructors.com
- **Rochester Personal Defense, LLC:** David Jenkins ~ 585-406-6758 ~ www.safeinrochester.com
- **Concealed Coalition:** 800-805-2238 ~ info@concealedcoalition.com ~ www.concealedcoalition.com
- **JD Sporting Firearm Safety:** John Drapikowski ~ 315-727-7534 ~ www.jdsporting.com
- **Chauncey Bennett dba CCB Training:** 607-345-0054 ~ chauncey37@hotmail.com
- **Patriot Firearms Training/Steve Morgan:** 607-351-8666
- **Hammer Down Firearms Training, LLC:** Josh Drake ~ Info@hammerdownfirearmstraining.com ~ www.hammerdownfirearmstraining.com ~ 585-340-7525
- **Delta IX Supply:** Kevin Dix ~ 315-695-1209 or 315-592-8724
- **Fingerlakes Firearms Instruction:** Floyd Cooley ~ 585-261-3356
- **Handgun Training and Consulting:** Robert Haldenwang ~ 315-796-4186
- **Emblazoned Firearms:** James Brennan ~ 315-246-4880
- **Swank Firearms:** James Swank Jr. ~ 315-345-4018
- **CNY Police Academy (OCC): 315-498-2905 ~ www.sunyocc.edu**
- **Girls Shoot Guns too LLC: ~** PH (607) - 725-8536
- **Phoenix Rising Trainings:** 315-400-1557 www.phoenixrisingtrainings.com

4 Hour Approved Basic Course

- **CNY Police Academy (OCC):** 315-498-2905 ~ www.sunyocc.edu
- **Delta IX Supply:** Kevin Dix ~ 315-695-1209 or 315-592-8724
- **Stephen Morgan:** 607-351-8666 ~ nyst5005@twcny.rr.com or www.patriotfirearmtraining.com
- **Laura Purdy:** Lepurdy@syr.edu ~ 315-857-8465
- **Matt Mallory:** 315-567-9268 ~ www.PSandEd.com

**Any individual who seeks to obtain a concealed carry license for a pistol or revolver will be required to take the 16-hour classroom and 2-hour live-fire firearm safety training course. This will be required for concealed carry licenses issued on or after September 1, 2022.

Local licensing officers have the discretion to determine whether a portion or all of the firearms training requirement is satisfied for those applicants who completed a firearm safety course in the previous 3 years prior to September 1, 2022**

NO ONLINE OR VIRTUAL TRAINING COURSES WILL BE ACCEPTED!