

SCHOHARIE COUNTY PISTOL PERMIT APPLICATION PROCESS INSTRUCTIONS

A. Three types of Permits are issued:

1. Carry Concealed
2. Possess on Premises
3. Semi-Auto Rifle

B. Basic requirements:

1. At least 21 years old
2. Residence in Schoharie County
3. No criminal conviction which prohibits possession of Firearms
4. Four (4) character references.
5. **Must complete 2 applications both must be individually signed by the applicant and individually notarized. Copies will NOT be accepted.**
6. Completion of a Concealed Carry Firearm 16-hour course, .
Conducted by a Duly Authorized Instructor. (If applying for a Carry Conceal)

C. Instructions for completing Application Form: See Page 2

D. Submission of Application:

1. Contact Deputy Niesz at 518 295-2226 to make an appointment to bring in your application and fees.
2. The application will be checked for completeness. Your fingerprints and photograph will be taken.
3. If you are seeking a Carry Conceal Permit it is your responsibility to **Attend and Complete** the 16-hour course.

E. Any questions regarding your application should be directed to Deputy Niesz at 518 295-2226 between the hours of 8:30am and 2:30pm, Monday thru Thursday.

Here are some potential instructors that are duly authorized and are teaching the 16-hour course:

- 1) Firearms Training of Western NY
www.ftwny.com
716-903-2558
- 2) Lek Nazi
44 Mountain View Drive Coxsackie, NY 12051
(518)331-7691
LNazi69@gmail.com
- 3) Saratoga County Advanced Course Defense Dynamics, LLC
Saraspa Rod & Gun Club
170 Porter Corners Rd, Greenfield NY 12833
(518)309-2231
www.ddynamicsllc.com
- 4) Schenectady County Advanced Training Course, Black Dog Shooting Sports LLC
122 Saratoga Rd, Glenville NY 12303
(518)355-8923
borstCC@aol.com
- 5) Defender Training LLC
PO Box 312 Duaneburg NY 12056
(518)774-9474
www.thedefendertraining.org
- 6) Upstate Defense Solutions
upstatedefensesolutions.com
www.facebook.com/upstategun
(607)441-6145
cainr@live.com
- 7) Learn to Shoot NY
learntoshootny@gmail.com
(518)209-1170
- 8) Concealed Coalition
www.concealedcoalition.com
(800)805-2238
- 9) F&C Firearms
27482 State Highway 23, Stamford NY 12167
fcfirearmsny.com
(607)652-3123

- 10) Arms Traders of America
85 Main Street, Phoenicia, NY 12464
www.armstatraining.com
training@armstra.com – email
(845)605-2767

- 11) American Tactical Systems
19 Lower Hudson Ave, Green Island, NY 12183
www.americantacticalsystems.com
(518)274-1911

- 12) George W. Micewicz
309 Shady Lane
Coeymans Hollow, NY 12046
geomice@aol.com
(914)329-1190

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:		Race:	NY Driver's License # (or Non-Driver ID)		
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 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
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Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED

LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS

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 sealed arrests 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?

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?

Are you an alien illegally or unlawfully in the United States?

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?

Have you been discharged from the Armed Forces under dishonorable conditions?

Have you ever renounced your United States citizenship?

Have you ever suffered any mental illness?

Have you ever been involuntarily committed to a mental health facility?

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?

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?

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?

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?
**THIS QUESTION ONLY APPLIES TO CARRY CONCEALED*

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?

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?

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

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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:	NY Driver's License # (or Non-Driver ID)		
Citizen of U.S.	Primary Phone #	Secondary Phone #		Email Address	
Employed By		Current Occupation		Nature of Business	
Business Address			Apt #	City	State Zip
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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

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Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?

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