

## **SUPPLEMENTAL PISTOL PERMIT LICENSE APPLICATION INSTRUCTIONS**

1. Sign the application form in the **presence of a Notary Public** in the spaces provided.
2. The fee is \$5.00. It may be a Personal Check or U. S. Postal Money order payable to: "Schoharie County Sheriff".
3. **\*\*Please include proof of Recertification. If you submitted the paper recertification form indicate you have completed the recertification on the attached Affirmation.\*\***
4. **IMPORTANT:** When submitting this application, kindly include a list of handguns currently registered on your permit on a separate piece of paper. **Please make sure all the firearm information is accurate.**
5. **Return the application forms and \$5.00 fee to:**

Schoharie County Sheriff's Office  
P.O. Box 159  
157 Steadman Way  
Howes Cave, NY 12092

7. If you have any questions, please contact the Pistol Permit Clerk at 518 295-2226.

**\*\*\*APPLICANTS SHALL NOT BRING ANY FIREARMS INTO THE SCHOHARIE COUNTY PUBLIC SAFETY FACILITY/SHERIFFS OFFICE\*\*\***

**APPLICATION FOR SUPPLEMENTAL PISTOL PERMIT**

State of New York  
County of Schoharie

\_\_\_\_\_ being duly sworn deposes and says:

That he/she resides at \_\_\_\_\_, NY \_\_\_\_\_;

that he/she is the holder of Pistol License No. \_\_\_\_\_ issued on \_\_\_\_\_.

That said license has never been suspended or revoked, and that deponent has not been convicted of any crime or misdemeanor, or violation of any penal code.

That deponent has never suffered any mental illness, or been confined to any hospital, public or private institution for mental illness.

That deponent wished to apply for a supplemental permit because:

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

Additional information needed for license is as follows: Phone #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Race: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

Military - (Circle one) Currently / Previously / Never / Dishonorably discharged

Country/State/City of birth \_\_\_\_\_

List name changes/Maiden \_\_\_\_\_

Valid Drivers License #/State \_\_\_\_\_

Sworn before me on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Deponent Signature)

\_\_\_\_\_  
Notary Public

Issued: \_\_\_\_\_

County Judge

STATE OF NEW YORK  
PISTOL / REVOLVER LICENSE AMENDMENT  
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

Phone# \_\_\_\_\_

NYSID # \_\_\_\_\_

Date: \_\_\_\_\_

Amendment form for (check one):

\_\_\_\_\_ County License OR  New York State Police License

Name	Date of Birth	NY Driver's License No. (or NY Non-Driver ID No.)
Physical Address (street, city, state, zip)		
Mailing Address (if different)		

Pistol/Semi-Automatic Rifle License Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Duplicate License Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Transfer License Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Transferred From \_\_\_\_\_ Transferred to \_\_\_\_\_

**TRANSACTION TYPE(S)** (Check all that apply):

- Acquired  Address Change  Deceased  Disposed  Duplicate  Lost / Stolen Firearm  Name Change  
 Revoked  Surrendered  Suspended  Transfer  Email Address  Other \_\_\_\_\_  
 Semi-Automatic Rifle License  Add  Remove  
 Pistol/Revolver License  Add  Remove  
 License Type  Carry Concealed  Possess on Premises  Possess/Carry During Employment

**AMEND LICENSE FOR THE FOLLOWING**

- New Name \_\_\_\_\_
- New Physical Address \_\_\_\_\_
- New Mailing Address (If different) \_\_\_\_\_
- New Email Address \_\_\_\_\_
- Following Weapon(s) Acquired From: (Name, Address) \_\_\_\_\_

**\*Numbers 5, 6, and 7 DO NOT APPLY TO SEMI-AUTOMATIC RIFLES**

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		
			<input type="checkbox"/>		

- Following Weapon(s) Disposed to: (Name, Address) \_\_\_\_\_

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		
			<input type="checkbox"/>		

- Following Weapons(s) has been:  Lost  Stolen  Destroyed  
 Law Enforcement Agency Reported To: \_\_\_\_\_

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		

Have you been arrested, indicted, or convicted of any criminal offense, been the subject of an order of protection, or been a patient at any mental institution since the above license was issued?  Yes  No If **Yes**, give details on reverse.

\_\_\_\_\_  
Licensing Officer

\_\_\_\_\_  
Signature of Licensee



**AFFIRMATION**

\_\_\_\_\_ hereby affirms and states:  
(Print name clearly)

I am the holder of Schoharie County Pistol Permit No. \_\_\_\_\_.

Check One

\_\_\_\_\_ I am required to recertify my Carry Concealed Pistol Permit every three years.  
Permit issued date \_\_\_\_\_.  
Date recertification was completed on \_\_\_\_\_.  
Recertification number is \_\_\_\_\_.

\_\_\_\_\_ My Carry Concealed Pistol Permit was issued on \_\_\_\_\_  
Required recertification date \_\_\_\_\_.

\_\_\_\_\_ I am required to re-certify my Possess on Premise Permit every five years.  
Permit issue date \_\_\_\_\_.  
Date recertification was completed on \_\_\_\_\_.  
Recertification number is \_\_\_\_\_.

\_\_\_\_\_ My Possess on Premise Pistol Permit was issued on \_\_\_\_\_.  
Required recertification date \_\_\_\_\_.

I sign this affirmation with the full knowledge that the Schoharie County Court will rely on my representation in considering my request for a Supplemental Pistol Permit and/or Amendment.

Affirmed under penalty of perjury this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)

IN A WRITTEN INSTRUMENT, ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT, WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE, HAS COMMITTED A CRIME UNDER THE LAWS OF THE STATE OF NEW YORK PUNISHABLE AS A CLASS A MISDEMEANOR (PENAL LAW SECTION 210.45.)