



# OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 1905 607-778-2113



### APPLICATION:

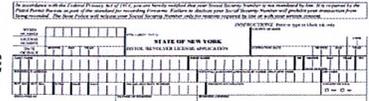
Complete *entire* application packet.

Use a separate piece of paper if you need space on the application to respond to questions.

If you were born in another country- you must provide a copy of citizenship certificate.

Use black ink or complete application on line and print.

When completing {form PPB-3}, start with the blocks asking for LAST NAME. ----->

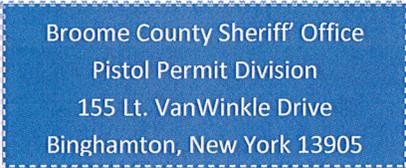


### References:

- \*Cannot be relatives of applicant. {No domestic partners}
- \*References must fully answer all the questions on "Reference Questionnaire".
- \*References must sign 3 documents: Reference Questionnaire & PPB-3.

### Reference Questionnaire:

- \*Must be notarized.
- \*Do not collect the questionnaire from the references.
- \*Reference must mail questionnaire directly to ----->



All fingerprints are completed by Pistol Permit Clerk.

- \*applicant must provide (4) 2x2 passport photos at the time application is processed. {No Selfies}.

If you are applying for a permit in connection with present or proposed employment.

- \*Submit a letter from the employer verifying employment.
- \*Employer letter must inform of your need for a permit.

Application must be notarized



### Office Hours:

Mon – Fri

8:30am to 4:00pm

No application will be processed after 3:00pm



### FEES \$140.00

{Cash, Certified bank check or Money order}

Make Bank Check or Money order out to: Director of OMB

**CRIMINAL HISTORY GUIDELINES:** It is critical for all applicants to be completely truthful and forthcoming regarding their criminal history. The following will assist you in properly completing the criminal history portion of the application & what you must declare. You are required to submit any & all arrests, charges, summonses or indictments that you have been involved with. List even minor offenses like: bad checks, disorderly conduct, harassment, possession of marijuana & local laws! To obtain your own criminal history. Contact the NYS Division of Criminal Justice Services (518)457-9847 or (518) 485-7675 (\$60 fee by NYS for this service). This report may assist you in accurately completing the application. When in doubt, write it down! You are encouraged to contact the Pistol Permit Office with ANY questions regarding criminal history. 607-778-2113

### ⚠ YOU MUST LIST ANY & ALL ARREST'S WHERE: ⚠

- |  |   |
|--|---|
| >Charges were seal by the court            | >You were charged w/Driving while intoxicated or DWAI             |
| >Charges were dismissed by the court       | >You were given a summons to appear in court                      |
| >You were given a youthful offender status | >You were required to make bail on a charge/incident              |
| >You were given a conditional discharge    | >You were taken into physical custody by law enforcement          |
| >You were placed on probation              | >You were taken into custody on a warrant                         |
| >You were taken before a judge             | >You were photographed & fingerprinted as a result of an incident |

The previous application guidelines have been explained to me by the pistol permit clerk. I understand that failure to disclose all required information may result in my application being denied.

Applicant's Signature

Date

**SUBSCRIBED AND SWORN TO BEFORE ME**

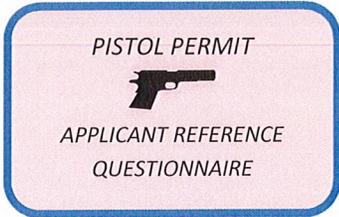
Pistol Permit Clerk

Date



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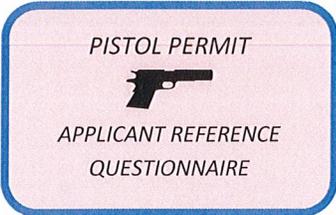


Applicant's Last Name	Applicant's First Name	MI	DOB
<p>Thank you for assisting us in maintaining public safety; please answer the following questions as honestly as possible which will aid us in performing thorough character/background checks. We realize that it is sometimes difficult to refuse to have your name used as a reference. Your reply to this letter will be held in the strictest confidence, as permitted by law.</p> <p>&gt;complete entire questionnaire                      &gt;You may use the back of the form to make any additional comments</p> <p><b>&gt;Your signature must be notarized</b>                      &gt;Mail using pre-addressed envelope {envelope w/postage provided by applicant}</p>			
Reference's Last Name (Print)	First Name	MI	Date of Birth
Reference Address	City	State	Zip
Have you ever been convicted of any crime? If yes, give details			
Your occupation? (if retired, state prior occupation)	Do you have a Pistol Permit?		Issuing County
How long have you known applicant?	What's your relationship with applicant?	Are you related by blood or marriage?	
How often/under what circumstances do you have contact with applicant?		By what other names is applicant known?	
What is the applicant's occupation?	Where is applicant employed?		How long?
Did you employ applicant?	How long?	What circumstances caused applicant to leave?	
Are you in business relationship with applicant? If yes, explain		Is applicant a citizen of the US?	
Has applicant ever displayed a violent temper?		Has applicant indicated they might have a mental problem?	
Has the applicant had any history of social or family problems?		Is applicant of excellent moral character?	
Are there any reasons that would make you hesitate to recommend the applicant as a person to possess a pistol?			
What is applicant's reason for wishing to possess a pistol license?			
Without reservation, would you recommend the applicant as the type of person to possess a pistol?			
<b>You may be contacted by a law enforcement officer to verify this information. False statements are punishable as a class A misdemeanor pursuant to section 210.45 if the NYS Penal Law.</b>			
I hereby affirm that the foregoing statements of fact are true, under penalty of perjury		Reference's Signature	
<b>SUBSCRIBED AND SWORN TO BEFORE ME</b>		Notary Public	



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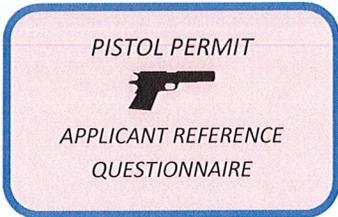


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Applicant's Last Name (Print)	First Name	MI	DOB	Email
Address		City	State	Zip
		How long @ present address?		
Maiden Name	Physical Address (how you would tell someone to find your house)			
Home Phone	Cell Phone		Work Phone	
Previous Addresses	City	State	Zip	
<hr/> <hr/> <hr/>				
Previous Employer (s)	Dates of Employment	Reason for leaving		
<hr/> <hr/> <hr/>				
References				
#1	Last Name	First	MI	Phone
Street		City	State	Zip
#2	Last Name	First	MI	Phone
Street		City	State	Zip
#3	Last Name	First	MI	Phone
Street		City	State	Zip
#4	Last Name	First	MI	Phone
Street		City	State	Zip



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REQUEST FOR A RESTRICTED PISTOL PERMIT
BROOME COUNTY, NEW YORK

I, \_\_\_\_\_ in support of my application for a Restricted Pistol Permit,
Represent to the Issuing Officer.

<That I understand the Pistol Permit, if issued, will allow me to carry registered weapons for the limited purpose of
hunting or target shooting only.

<That this permit does not authorize me to possess, use or carry any firearm for any other purpose.

<That I will carry authorized firearms only when going to, coming from and during activities related to hunting and
target shooting, and while enroute to or from hunting and target shooting. I will not carry or display a firearm while
engaged in any unrelated activities.

<That I will under no circumstances carry or display any firearm in any premise licensed to sell alcoholic beverages.

<That I understand if I violate any of the above conditions of issuance, my permit is subject to suspension or
revocation in the discretion of the Issuing Officer.

Table with 2 columns: Dated, Signature of Applicant

Sworn to before me

This \_\_\_ day of \_\_\_\_\_, 20\_\_\_

NOTARY PUBLIC

\_\_\_\_\_

INSTRUCTIONS: Print or type in black ink only

NYSID NUMBER		PPB-3 (REV. 02/07)		STATE OF NEW YORK		COUNTY OF ISSUE		CODE				
LICENSE NUMBER		Pistol/Revolver License Application		EXPIRATION DATE		MONTH		DAY				
DATE OF ISSUE		MONTH		DAY		YEAR		YEAR				
LAST NAME				FIRST NAME				MI	MONTH	DAY	YEAR	SEX
RESIDENCE ADDRESS				CITY, VILLAGE, TOWN AND STATE IF OTHER THAN NEW YORK				DATE OF BIRTH		ZIP CODE		
HGT (INS)	WGT (LBS)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER			PRESENT OCCUPATION			CITIZEN OF U.S.A. <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYED BY				NATURE OF BUSINESS				BUSINESS ADDRESS				

I HEREBY APPLY FOR A PISTOL/REVOLVER LICENSE TO: (Check one only)  CARRY CONCEALED  \* POSSESS ON PREMISES  
 \* POSSESS/CARRY DURING EMPLOYMENT (\* Premise address or place of employment must be provided)

STREET ADDRESS OR OTHER LOCATION CITY, VILLAGE, TOWN ZIP CODE  
 A LICENSE IS REQUIRED FOR THE FOLLOWING REASON:

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER			
LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

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:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE?  YES  NO  
 HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE?  YES  NO  
 HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS?  YES  NO  
 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?  YES  NO  
 DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER USE OF A HANDGUN?  YES  NO  
 HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT?  YES  NO  
 IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS  
  
  
  
  
  
  
  
  
  
FULL FACE ONLY

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.  
 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 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 BEFORE ME  
 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_  
 AT \_\_\_\_\_, NEW YORK

\_\_\_\_\_  
 SIGNATURE OF APPLICANT  
 \_\_\_\_\_  
 SIGNATURE OF OFFICER ADMINISTERING OATH

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.  
 TITLE OF OFFICER  
**APPLICATION NOT VALID UNLESS SWORN**

NYSID NUMBER  
 LICENSE NUMBER  
 DATE OF ISSUE  
 MONTH DAY YEAR  
 LAST NAME  
 RESIDENCE ADDRESS  
 HGT (INS) WGT (LBS) EYES HAIR RACE  
 EMPLOYED BY

PPB-3 (REV. 02/07)  
**STATE OF NEW YORK**  
 PISTOL/REVOLVER LICENSE APPLICATION

COUNTY OF ISSUE  
 EXPIRATION DATE MONTH DAY YEAR  
 CODE  
 DATE OF BIRTH MONTH DAY YEAR  
 CITY, VILLAGE, TOWN AND STATE IF OTHER THAN NEW YORK  
 ZIP CODE  
 SOCIAL SECURITY NUMBER  
 PRESENT OCCUPATION  
 CITIZEN OF U.S.A.  
 YES  NO  
 NATURE OF BUSINESS  
 BUSINESS ADDRESS

I HEREBY APPLY FOR A PISTOL/REVOLVER LICENSE TO: (Check one only)  CARRY CONCEALED  \* POSSESS ON PREMISES  
 \* POSSESS/CARRY DURING EMPLOYMENT (\* Premise address or place of employment must be provided)

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