



# OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 13905 607-778-2113



**FAILURE TO READ AND FOLLOW ALL THE DIRECTIONS COULD DELAY ACCEPTANCE**

APPLICATION: **USE BLACK INK ONLY** or complete application on line and print.

**Must be 21 years of age to apply**

Complete the *entire* application packet. There are TWO (PPB 3) State of New York Pistol/Revolver License forms. BOTH forms must be completed, and references also must sign both forms, in black ink.

When completing form PPB-3, Start with the boxes for LAST NAME. DO NOT fill in the boxes above that line.

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

References:

- \*Cannot be relatives or domestic partners. **{MUST know applicant minimum of THREE (3) years.}** and be from Broome County or surrounding NYS counties.
- \*References must fully answer all the questions on "Reference Questionnaire".
- \*References must sign **[In Black Ink]** 3 documents: Reference Questionnaire & both PPB-3 forms
- \*Their signatures must be notarized.

**DO NOT BRING IN COMPLETED QUESTIONNAIRES WITH YOU.**

**REFERENCES MUST MAIL IN QUESTIONNAIRES AFTER THE APPLICATION HAS BEEN SUBMITTED.**

Provide references with stamped envelope addressed to:

Broome County Sheriff's Office

Pistol Permit Division

155 Lt. VanWinkle Dr.

Binghamton NY 13905

FINGERPRINTS:

Fingerprints are completed by the pistol permit clerk. You do not need to make an appointment. Permit applications are taken between 8:30 and 3:00 pm., Monday through Friday.

PHOTOS: YOU must provide four (4) passport size (2"x2") photos. Passport photos can be obtained at any store that has a photo department. Photos must be professional quality on photo paper with plain white backgrounds.

FEE: \$140.00 CASH, MONEY ORDER OR CERTIFIED BANK CHECK ONLY. NO PERSONAL CHECKS.

Make Bank check or money order out to: BC Director of OMB

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.

If you have any question please call the Pistol Permit Clerk at 607-778-2113

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

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

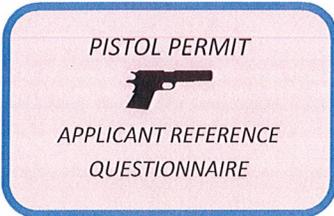
**SUBSCRIBED AND SWORN TO BEFORE ME**

Pistol Permit Clerk

Date



**PLEASE DO NOT MAIL IN BEFORE APPLICANT HAS BEEN FINGERPRINTED**



**OFFICE OF THE SHERIFF**

Pistol Permit Division 155 Lt. VanWinkle Drive Binghamton, New York 13905 607-778-2113

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
Email			
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?			
<p><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></p>			
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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**PISTOL PERMIT**  
  
**APPLICANT REFERENCE QUESTIONNAIRE**

**OFFICE OF THE SHERIFF**

Pistol Permit Division 155 Lt. VanWinkle Drive Binghamton, New York 13905 607-778-2113

Applicant's Last Name	Applicant's First Name	MI	DOB
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How long have you known applicant?	What's your relationship with applicant?	Are you related by blood or marriage?	
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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?			
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## OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt. VanWinkle Drive Binghamton, New York 13905 607-778-2113



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/>					
<b>References</b>					
#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	



OFFICE OF THE SHERIFF

Pistol Permit Division 155 Lt. VanWinkle Drive Binghamton, New York 13905 607-778-2113



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											
License Number											
Date of Issue	Month	Day	Year								

PPB 3 (Rev. 02/17)

**STATE OF NEW YORK**  
PISTOL /REVOLVER LICENSE APPLICATION

County of Issue	<b>BROOME</b>			Code
Expiration Date	Month	Day	Year	

*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.*

Last Name										Suffix		
First Name										MI	Date of Birth – MM DD YYYY	NY Driver's License (or NY Non-Driver ID) No.
Gender	Social Security	Race	Height ft	in	Weight	Eyes	Hair	Citizen of U.S.A				
										<input type="checkbox"/> YES <input type="checkbox"/> NO		

Physical Address (Street number, street name, apartment number, city, state, zip code)

Mailing Address (If different from physical address)

Primary Phone Number	Secondary Phone Number	Email Address
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Employed By	Present Occupation	Nature of Business
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Business Address (Street number, street name, apartment number, city, state, zip code)

**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 number, street name, apartment number, city, state, zip code)
--	---

**A license is required for the following reasons:**

**Give four character references who by their signature attest to your good moral character.**

Last, First, MI	Street Address, (Street number, street name, apartment number, city, state, zip code)	Signature

**Have you been convicted anywhere of a felony or a serious offense?**  YES  NO If Yes, furnish the following information:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an alien illegally or unlawfully in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> 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)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever renounced your United States citizenship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever suffered any mental illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been involuntarily committed to a mental health facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had a pistol / revolver license revoked?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you aware of any good cause for the denial of the license?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

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For applicants under twenty-one years of age only:

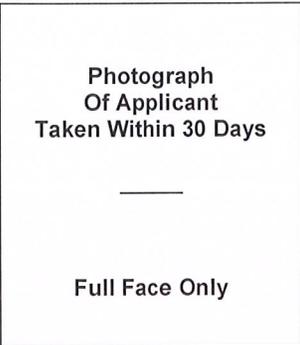
Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?

YES  NO

**A. 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:**

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

**B.**



**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 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

\_\_\_\_\_  
Title of Officer

**APPLICATION NOT VALID UNLESS SWORN**

**Fingerprints submitted electronically by:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization Broome County Sheriff  
Date Submitted \_\_\_\_\_ Office

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

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_  
\_\_\_\_\_  
Signature of Investigating Officer

This application is ~~Approved~~ – Disapproved (Strike out one)

The following restriction(s) is (are) applicable to this license:

\_\_\_\_\_  
Title and Signature of Licensing Officer

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.

Recommended Approval - Recommended Disapproved [Strike out one]

X \_\_\_\_\_ Broome County Sheriff / Broome County Undersheriff

INSTRUCTIONS: Print or type in black ink only

NYSID Number																				
License Number																				
Date of Issue	Month	Day	Year																	

PPB 3 (Rev. 02/17)

**STATE OF NEW YORK**  
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County of Issue	<b>BROOME</b>			Code
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Last Name																			Suffix		
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Gender	Social Security			Race	Height ft	in	Weight	Eyes	Hair	Citizen of U.S.A		<input type="checkbox"/> YES <input type="checkbox"/> NO									

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Employed By	Present Occupation	Nature of Business
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Have you been convicted anywhere of a felony or a serious offense?  YES  NO If Yes, furnish the following information:

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Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever renounced your United States citizenship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever suffered any mental illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Are you aware of any good cause for the denial of the license?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

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For applicants under twenty-one years of age only:

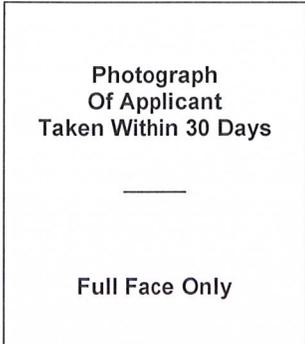
Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?

YES  NO

A. 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:

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property Of
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Jurat:

Signed and sworn to before me

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

at \_\_\_\_\_, New York

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Officer Administering Oath

\_\_\_\_\_  
Title of Officer

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Fingerprints submitted electronically by:

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization Broome County Sheriff

Date Submitted \_\_\_\_\_ Office

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

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_

\_\_\_\_\_  
Signature of Investigating Officer

This application is ~~Disapproved~~ Approved – Disapproved (Strike out one)

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