

RETAIN

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## OTSEGO COUNTY HANDGUN PERMIT APPLICATION PROCEDURE

### QUALIFICATIONS

To qualify for a handgun permit you must be twenty-one years of age and a resident of Otsego County, be principally employed in Otsego County or have a principal place of business as a merchant or storekeeper in Otsego County. (Several provisions apply to the acquisition of gunsmith/firearms dealer. Information may be obtained from the Sheriff's Office.)

### APPLICATION FOR A HANDGUN LICENSE

1. **The application must be completed in duplicate.** All questions must be fully and thoughtfully answered; failure to do so may result in a denial of the application. **(IF YOU HAVE BEEN ARRESTED OR TAKEN INTO CUSTODY FOR ANY CHARGE (INCLUDING DRIVING WHILE INTOXICATED OR DRIVING WHILE ABILITY IMPAIRED BY DRUGS OR ALCOHOL), YOU MUST DISCLOSE THIS INFORMATION WHETHER YOU RECEIVED AN ACQUITTAL, AN ADJOURNMENT IN CONTEMPLATION OF DISMISSAL, YOUTHFUL OFFENDER TREATMENT OR DISMISSAL OF THE CHARGES. FAILURE TO ACCURATELY DISCLOSE THIS INFORMATION WITHOUT A SUITABLE EXPLANATION WILL RESULT IN A DENIAL OF YOUR APPLICATION.)**
2. You must indicate the reason(s) for which you are making application for the license. If you are seeking a license for sporting purposes, check "Carry Firearm Concealed". If you are seeking a license for protection "on premises" purposes, including the protection of a business, check "Possess Firearm on Premises" and set forth the address of the premises. On the line provided, set forth the specific reason(s) for which a handgun permit is being sought. Please note that the law authorizes the issuance of a "carry and conceal" permit when "...proper cause exists for the issuance thereof;" Sporting, target shooting and hunting are customarily recognized as the appropriate reasons for the issuance of a "carry and conceal permit".
3. **Four character references** that are (1) at least 21 years of age, (2) **not related to the applicant**, (3) have known the applicant for at least five years and who (4) reside in Otsego County or an adjoining county are required. (Exceptions to the requirement that the character reference reside in Otsego County or an adjoining county will be made in the case of applicants who are new residents.) Use no more than one occupant from a household or one member from the same family (persons related to one another by blood or marriage). Print their full names and mailing addresses and sign the application. The references will be sent a questionnaire, which must be completed, signed before a Notary Public and returned to the Otsego County Sheriff's Department. Responses will not be disclosed to the applicant unless the reference expresses no objection to the disclosure. The application will not be processed until the Sheriff's Department has received all character reference questionnaires.
4. **Submit TWO 2" x 2" photograph** (which must have been taken within 30 days prior to the application).
5. Be sure that you read and understand the oath before you sign the application. **DO NOT**

SIGN YOUR NAME UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.  
You will be required to present identification at that time.

6. Fingerprints will be taken at the Sheriff's Office on Monday through Friday between the hours of 9:00 am and 4:00 pm.
7. Your completed application must be accompanied by cash, check or money order payable to the Otsego County Sheriff in the amount of \$101.00.
8. Personally submit all paperwork to the Otsego County Sheriff's Office.
9. A licensee with restrictions on his or her license may apply for removal of the restrictions by submitting a "Request for Removal of License Restrictions" (forms available at the Sheriff's Office), which must be submitted to the Sheriff's Office. Please list the current restrictions and reasons for which removal is requested. A request to the current licensing officer to remove restrictions imposed by a previous licensing officer is within the sound discretion of the current licensing officer and may not be granted for valid reasons. Such requests are not automatically granted. An updated picture and \$5.00 fee are required.

#### THE LICENSE

If approved, a license will be forthwith issued which must be produced on demand by the holder when carrying the handgun (or, if the license is issued for protection on premises, by the holder thereof on premises).

#### **The following restrictions apply to a license issued in Otsego County:**

1. It is not valid in the City of New York;
2. It is valid only for the handgun specifically described in the license, or in any amendment to such license properly issued by an authorized licensing officer;
3. If you permanently change your address, notice of such change and your new address must be given to the Superintendent of State Police and to the Chief of Police of the city, town, or village in which your new residence is located, within ten days of such change;
4. Handguns must be safely stored. No requirements will be imposed regarding the method of storage; however, failure to secure handguns against use by children and persons not licensed to possess a handgun may result in loss of your handgun permit. (Trigger locks are recommended. They are small, inexpensive and do not significantly interfere with the holstering. It is also recommended that handguns be transported in a secure container, such as a locked metal box, when immediate use is not contemplated.)
5. **YOU MUST NOT CARRY A HANDGUN IN ANY GOVERNMENT BUILDING, SCHOOL OR CHURCH OR IN ANY ESTABLISHMENT IN WHICH THE ON-PREMISES CONSUMPTION OF ALCOHOL IS INVOLVED (WHETHER LICENSED TO DO SO OR OTHERWISE).**
6. You must, within six months after acquiring a license, complete a handgun safety course administered by the Otsego County Sheriff's Office. You will be notified of the scheduled

date, time and place upon issuance of your permit.

Exceptions to this requirement will be extended to law enforcement officers who have received similar training, certified firearms instructors and others who can present proof of having received handgun safety training at the hands of a certified firearms instructor or the equivalent.

7. Your license is subject to revocation at will at any time by the licensing officer or any judge or justice of a court of record upon violation of (a) the above conditions, (b) of a criminal law, (c) excessive use of alcohol or drugs, (d) sustained violent family friction, (e) erratic or bizarre behavior, (f) failure to exercise reasonable safety precautions with respect to your firearm may result in revocation of your license. (Your license must be revoked upon conviction for a felony or other serious offense.)

#### PURCHASING AND REGISTERING HANDGUN UPON RECEIPT OF YOUR LICENSE

Attached to the license is a purchase certificate that is to be used for your initial handgun purchase; the dealer or other seller shall retain the purchase certificate at the time of sale. **After purchase of the handgun, you must promptly inform the Sheriff's Office, either in person or in writing, of the make, caliber, and serial number, thus registering your gun.** No fee is required for the initial registration of your first handgun. The name and address of the individual or dealer from whom you purchased the handgun(s) must also be furnished.

If you come to possess a handgun(s) through inheritance or as a gift, each must be registered through the Otsego County Sheriff, specifying the make, caliber, and serial number of each such handgun. The name and address of the individual or dealer from whom you acquired the handgun(s) must also be furnished.

If more than one pistol is registered initially, include a \$3.00 registration fee (cash or check payable to the Otsego County Sheriff).

You must record on the back of your license the make, caliber and serial number of all handguns properly registered in accordance with the above instructions.

#### ADDITIONAL PURCHASES, REGISTRATIONS OR CANCELLATIONS

Purchase coupons for an impending purchase may be obtained from the Otsego County Sheriff. Not more than two outstanding purchase coupons will be issued to an applicant and in no event will the application be valid for more than a single thirty-day period. An application fee of \$3.00 is charged for each application.) **If a purchase is made, you must promptly notify the Otsego County Sheriff's Office, specifying the make, caliber and serial number of the handgun. (You must also record the identifying features of the handgun on the reverse side of your permit.)**

Expired purchase coupons must be returned to the Sheriff's Office. No additional purchase coupons will be issued until expired purchase coupons have been returned.

If you destroy or sell a handgun, you must notify the Otsego County Sheriff of that fact, together with the make, caliber and serial number, and name and address of the person to whom a gun is sold.

#### CHANGE OF ADDRESS

If you change your residence within the County of Otsego, you must within ten days, send written notice to the Otsego County Sheriff. You must also record the change of address on your license below your signature.

If you plan to move outside the County, but within the State of New York, you may transfer your license to the county in which you will reside as a matter of convenience in the registration of amendments to your license.

#### LOSS OR DESTRUCTION OF ORIGINAL LICENSE

A duplicate license may be obtained from the Otsego County Sheriff in the event of loss, despoliation, etc. of the original. You must have your thumbprint affixed to the license form and sign it. You will be required to complete an application form and submit it to the Otsego County Sheriff together with a photograph of yourself and cash, check or money order in the amount of \$5.00.

All fees are required and affixed by law.

The Otsego County Sheriff to the New York State Police thereof transmits all registrations of pistols and cancellations.

Otsego County Sheriff's Office  
172 Co. Hwy. 33W  
Cooperstown, New York 13326

Otsego County Handgun Permits  
are issued by:

Hon. Brian D. Burns  
Otsego County Judge  
Cooperstown, New York 13326

Hon. John Lambert  
Otsego County Judge  
Cooperstown, New York 13326



# OTSEGO COUNTY OFFICE OF THE SHERIFF

172 County Highway 33W  
Cooperstown, New York 13326

RICHARD J. DEVLIN, JR  
SHERIFF



CAMERON S. ALLISON  
UNDERSHERIFF

## Public Records Exemption - FOIL Form FAQ

The NYSAFE Act protects the privacy of pistol license holders by permitting them to notify a County Clerk that they do not wish for their information to be released publicly.

Under the law, current licensees and new applicants may make this notification to their licensing officer using a form approved by the Superintendent of the New York State Police. Your licensing officer is where you applied for your pistol permit, in some Counties it may be the Sheriff's Office or County Clerk Office.

### **Q: Where do I get the FOIL form?**

**A:** The form is also available on our web site <http://www.otsegocounty.com/depts/shf/index.htm> as well as the New York State Police website at [www.troopers.ny.gov/optoutfoil](http://www.troopers.ny.gov/optoutfoil) or the NY SAFE Act website at [www.nysafeact.com](http://www.nysafeact.com).

### **Q: How do I complete the form?**

**A:** In the first section, you will need to fill out your name, date of birth, address and the county in which you are applying.  
If you hold a firearms license, there is a space for you to provide the license number as well.  
In the second section, check the box that best describes the reason your information should not be publicly disclosed.  
To complete the form, sign and date it.

### **Q: Once I've completed the form, how do I submit it?**

**A:** To submit your form, take it the Sheriff's Office where it will be processed and filed with the County Clerks Office.

### **Q: Once the form is completed, how long does it take to become effective?**

**A:** Pistol permit information held by the county is currently exempt from FOIL and will be until May 15, 2013. At that time, those who have submitted the form will remain exempt from the FOIL provisions unless the licensing authority has refused to grant the exemption. Those wishing to apply for the exemption should do so by May 15, 2013, to avoid any disclosure.

### **Q: If I do not file the form by May 15, 2013, will I be able to file in the future?**

**A:** You may file the form anytime. However, after May 15, 2013, if you have not yet filed an exemption form, your information may be subject to release under FOIL.  
If you file a form in the future and your request is granted, your information will once again be exempt from FOIL.

# 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Firearms License # (if applicable) \_\_\_\_\_ Date Issued \_\_\_\_\_

Licensing Authority / County of Issuance or Application \_\_\_\_\_

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**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

INSTRUCTIONS: Print or type in black ink only

NYSID Number											PPB 3 (Rev. 02/17)	County of Issue									
License Number											<b>STATE OF NEW YORK</b>								Code		
Date of Issue	Month	Day	Year											Expiration Date				Month	Day	Year	
										<b>PISTOL /REVOLVER LICENSE APPLICATION</b>											

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)			
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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?  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 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

Are you aware of any good cause for the denial of the license?  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:

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For applicants under twenty-one years of age only:

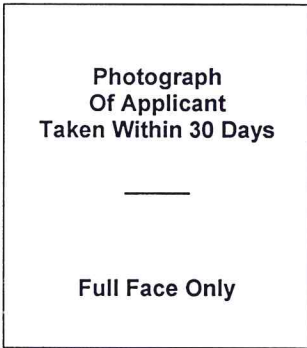
Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?

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 \_\_\_\_\_

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 (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.



INSTRUCTIONS: Print or type in black ink only

NYSID Number											PPB 3 (Rev. 02/17)	County of Issue									
License Number											<b>STATE OF NEW YORK</b>								Code		
Date of Issue	Month	Day	Year											Expiration Date				Month	Day	Year	
										<b>PISTOL /REVOLVER LICENSE APPLICATION</b>											

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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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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?  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 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
- Are you aware of any good cause for the denial of the license?  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:

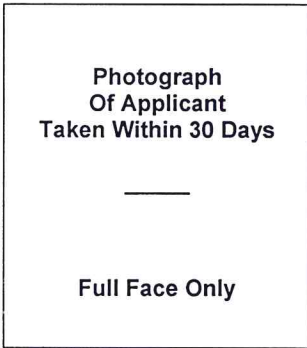
Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?

YES  NO

**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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			<input type="checkbox"/>			
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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 \_\_\_\_\_

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 (Strike out one)**

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

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