

# ERIE COUNTY PISTOL PERMIT APPLICATION INSTRUCTIONS

## ESSENTIAL INFORMATION

Applicants must be twenty-one (21) years old. Immigration documentation is required for non-citizen applicants. U.S. Citizens born outside of the United States must provide proof of citizenship. (See PPA-Info)

A NYS Drivers License or Non-Drivers ID is required with the current name (i.e. married name) and address. Proof of social security number, copy social security card or copy W-2 with full social security number.

Proof of completing safe handling of firearms instruction from a NYS certified instructor after 9/22 MUST be submitted with application. A DD-214 can be used in place of a course only if it states firearms training/qualification. Law enforcement must provide government issued ID and recent proof of qualification.

If requesting a pistol permit for Business Protection you must provide: a) as the business owner, a copy of a DBA or business certificate; or b) as an employee of the business, a signed letter on company letterhead from management acknowledging the application for a carry concealed pistol permit for Business Protection.

**Fingerprinting must be done at least 48 hours prior to the submittal of your application and submitted no more than 30 days after fingerprinting.**

One (1) black and white or color photograph (2"x2") with applicant's name printed on the back must be submitted with the application. No "selfie" or amateur photographs will be accepted. Pictures can be taken in the Erie County Clerk's Administrative Office for \$10.00 or anywhere passport photos are taken.

Applications must be dropped off in person. A non-refundable Pistol Permit Processing Fee of \$20.00 will be charged when you submit your application.

### 1. APPLICANT AND CHARACTER REFERENCE INFORMATION (PPA-4R) Rev 9/22 or later

- Applicant and character information must contain **all** information requested including full addresses and DOB's.
- **Must** provide **FOUR (4)** character references that are the same as contained on the PPB-3.
- **All** character references must live in Erie County. In addition, your character references **may** need to live in your city, town, or village (see Character References on last page). References may NOT be family members and/or boyfriend/girlfriend.
- A character reference with an arrest record could be unacceptable and delay your application.

### 2. STATE OF NEW YORK PISTOL/REVOLVER LICENSE APPLICATION (PPB-3) Rev 8/22 or later

- Complete the copy of New York State Pistol/Revolver License Application (PPB-3). The double-sided application **MUST** be original. Photocopies will **NOT** be accepted.
- Character references **must** be same as provided on the County application.
- References **MUST sign** the NYS PPB-3 Application and be qualified as noted above.
- The PPB-3 specifically states: "Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including sealed arrests DWI (except traffic infractions)?" Answer 'yes' if Applicant has ever been:
  - Directed to appear before a judge for anything from an ordinance up to a felony
  - Handcuffed and taken to jail
  - Fingerprinted and photographed by the police for a criminal matter or DWI
  - A warrant for arrest was issued and applicant was directed to turn themselves into police or appear before judge.
- You **must** state all arrests regardless of whether or not you were convicted. **SEALED** charges **must** also be listed. **Failure to disclose any criminal charges including a dismissed or sealed charge will be sufficient cause to deny this application. ANY SEALED CHARGES WILL REQUIRE AN UNSEALED DISPOSITION FROM THE COURT WHICH DISPOSED OF THE MATTER.**
- A Certificate of Disposition (COD) for each arrest **must be submitted** with the application. CODs **MUST** be obtained from the Court where the case was heard. Failure to provide a COD for all arrest(s) will result in the inability to accept your pistol permit application.
  - In the case that a COD is no longer available by the Court, an original letter from the Court must be provided on letterhead, listing the current date, date of the charge, the charge, case number, case dispose date and a statement stating the COD is no longer available.
- The applicant's signature on the State of New York Pistol/Revolver License Applications (PPB-3) **MUST** be witnessed in the presence of and acknowledge by a Notary Public or Commissioner of Deeds.

---

**Failure to complete all instructions, provide all forms or misinformation in the application process may result in inability to accept your application, delay in processing or a denial of your permit application.**

---

# ERIE COUNTY PISTOL PERMIT APPLICATION INSTRUCTIONS

## ADDITIONAL INFORMATION FOR CITIZENSHIP, FINGERPRINTING AND CHARACTER REFERENCES

### PROOF OF CITIZENSHIP **(IF BORN OUTSIDE OF U.S.)**

1. U.S. or U.S. Territory birth certificate showing both first and last name, issued by a Board of Health, Bureau of Vital Statistics, or U.S. State Department.
  - a. U.S. Territories are: American Samoa, Guam, Mariana Islands, Marshall Islands, Puerto Rico
2. US Passport or Passport Card (unexpired); Naturalization Certificate.
3. If born outside U.S.:
  - a. Certificate of Citizenship (N-560, N561 or N-645)  
or
  - b. Report of Birth Abroad of US Citizen, issued by US Embassy or Consulate (FS-240, DS-1350, F-545).
4. Original statement from US Consular Officer verifying that you are US citizen with a valid passport.
5. Proof of Permanent Resident:
  - a. Permanent Resident Card (I-551 "Green" card)

### FINGERPRINTING

1. Fingerprinting should be done no more than 30 days before submission
  - a. Book a fingerprint appointment at <https://uenroll.identogo.com/workflows/151Z1G>
  - b. or Call 1-877-472-6915 (Service Code 151Z1G)
2. You must provide your name EXACTLY as it appears on your New York State Driver's License or Non-Driver ID.

### CHARACTER REFERENCES

If you are residing in any jurisdiction *other than* Amherst or Aurora (Town), your references must all reside within Erie County.

1. **AMHERST:** At least two (2) references must live in Amherst, the other two (2) may live anywhere in Erie County.
2. **AURORA (Town):** At least two (2) references must live in Town of Aurora or Village of East Aurora, the other two (2) may live anywhere in Erie County.

The Erie County Pistol Permit Department CANNOT make exceptions to the above requirements, exceptions must be made by an authorized person at the specific police department.

---

## FBI PRIVACY ACT STATEMENT

**This privacy act statement is located on the back of the FD-258 fingerprint card.**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Source: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

As of 03/30/2018

Date of FingerPrints

# ERIE COUNTY PPA-4R

Police Agency

Official use Only

Official use Only

## APPLICANT INFORMATION

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address (INCL City, State & Zip)		Home Number	Cell Number
Mailing Address (if different)		Work Number	
Email Address		Country of Birth	
Employer	Job Title		

## APPLICANT QUESTIONS

Any additional Last Names you were also known as?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name:
Are There Children living where the handguns will be stored or used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Ages:
Are you an active dues-paying member of a bona fide gun club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where:
Have you had any previous experience with firearms, long bows or cross bows, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____ _____		

## CHARACTER REFERENCES

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address			
Home Number	Cell Number	Work Number	

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address			
Home Number	Cell Number	Work Number	

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address			
Home Number	Cell Number	Work Number	

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address			
Home Number	Cell Number	Work Number	

Pursuant to Section 400.00, Subdivision 4 of the New York State Penal Law, we are hereby requesting information regarding any previous or present mental illness of the following pistol permit applicant: Pursuant to the FBI Privacy Act Statement and the 28 CFR 50.12 notice, you are hereby acknowledging you have received such information:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## 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
Phone Number				

**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 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? 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 / semi-automatic rifle 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

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

**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.