

ERIE COUNTY PISTOL PERMIT APPLICATION INSTRUCTIONS

Eligibility & Identification

- Applicants must be twenty-one (21) years of age or older.
- A valid driver's license is required and must reflect the applicant's current legal name (e.g., married name) and current address.
- Proof of Social Security Number is required: – Copy of Social Security card, or – Copy of a W-2 showing the full Social Security number.

Firearms Training Requirement

- Proof of completion of a certified firearms safety and handling course must be submitted with the application.
- A DD-214 may be accepted in lieu of a course only if it specifically states firearms training and/or qualification.
- Law enforcement applicants must submit government-issued identification and recent proof of firearms qualification.

Business Protection (If Applicable) Provide one of the following:

- Business owner: Copy of a DBA or business certificate.
- Employee: A signed letter on company letterhead from management acknowledging the application for a concealed carry pistol permit for business protection.

Fingerprinting & Photograph

- Fingerprinting must be completed at least forty-eight (48) hours prior to application submission.
- Book appointment: <https://uenroll.identogo.com/workflows/151Z1G> or call 1-877-472-6915 (Service Code: 151Z1G – failure to use this code requires re-fingerprinting).
- Applications must be submitted no more than thirty (30) days after fingerprinting.
- One (1) photograph, black and white or color, 2" x 2", Amateur photographs will not be accepted. Photographs taken at the Clerk's Office for \$10.00 or at any passport photo provider.

Required Forms

1. **Applicant and Character Reference Information (PPA-4R)** – Revision 12/24 or later
 - Applicant and Four (4) character reference sections must be fully completed, including full addresses and dates of birth and must match those listed on the PPB-3
 - References must all reside within Erie County and may NOT be family members and/or boyfriend/girlfriend.
 - A reference with an arrest record may be deemed unacceptable and delay processing.
2. **State of New York Pistol/Revolver License Application (PPB-3)** – Revision 12/24 or later
 - Submit the original, double-sided application only. Photocopies will NOT be accepted.
 - Character references must match the PPA-4R and MUST sign the PPB-3.
 - Applicant must disclose ALL arrests (including sealed or dismissed matters). Answer "YES" if ever: Directed to appear before a judge for any offense, Handcuffed or taken to jail, Fingerprinted or photographed for a criminal matter or DWI, had a warrant requiring surrender or court appearance
 - Failure to disclose any arrest is grounds for denial.
 - A Certificate of Disposition (COD) is required for each arrest (obtained from the court where heard). If unavailable, submit an original court letter on letterhead stating charge details and COD unavailability.
 - Applicant's signature MUST be witnessed and acknowledged by a Notary Public or Commissioner of Deeds.

ERIE COUNTY PISTOL PERMIT APPLICATION INSTRUCTIONS

Proof of Citizenship (Required if Born Outside the U.S.) Provide ONE of the following:

1. U.S./U.S. Territory birth certificate (showing full first & last name), issued by Board of Health, Bureau of Vital Statistics, or U.S. State Dept. • U.S. Territories: American Samoa, Guam, Mariana Islands, Marshall Islands, Puerto Rico.
2. Unexpired U.S. Passport or Passport Card; or Naturalization Certificate.
3. If born outside U.S.:
 - a. Certificate of Citizenship (N-560, N-561, or N-645), or
 - b. Report of Birth Abroad of U.S. Citizen (FS-240, DS-1350, FS-545).
4. Original statement from U.S. Consular Officer verifying citizenship + valid passport.
5. Proof of Permanent Resident: Permanent Resident Card (I-551 “Green” Card).

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 nongovernmental 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.

Date of Finger Prints

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		

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 (If Applicable)	

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:		Ethnicity:		Race:	Citizen of U.S.
Driver's License # (or Non-Driver ID)		License State	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				

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 the Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.