

**DO NOT FOLD**

DUTCHESS COUNTY SHERIFF'S OFFICE  
108 PARKER AVENUE  
POUGHKEEPSIE, NEW YORK 12601-2011

PISTOL LICENSE BUREAU  
TELEPHONE (845) 486-3883,3896  
HOURS ARE 9 AM TO 3:45PM, M-F

**ADRIAN H. ANDERSON, SHERIFF**

**FALSIFICATION OF THIS APPLICATION IS A FELONY AND MAY CAUSE DENIAL OF APPLICATION**

**WE WILL CALL YOU TO SCHEDULE AN APPOINTMENT. THANK YOU**

**\*\*\*\*\*ALL FEES ARE NON-REFUNDABLE\*\*\*\*\***

**\*Print off 3 copies of the NYS Pistol License Application. These must be double-sided.**

**USE BLACK INK ONLY \*USE BLACK INK ONLY\* USE BLACK INK ONLY**

- START FILLING OUT APPLICATION AT "LAST NAME"
- APPLICANT MUST BE AT LEAST **21 YEARS OF AGE** AND A RESIDENT OF DUTCHESS COUNTY FOR AT LEAST SIX MONTHS.
- A **POSTAL MONEY ORDER IN THE AMOUNT OF \$25.00** (PAYABLE TO "DCSO") MUST BE MAILED IN WITH YOUR APPLICATION PACKET.
- The following must be provided:** A PHOTOCOPY OF YOUR SOCIAL SECURITY CARD,  
A PHOTOCOPY OF YOUR BIRTH CERTIFICATE,  
A PHOTOCOPY OF YOUR DRIVERS LICENSE.
- APPLICANTS WILL RECEIVE **FOUR (4) REFERENCE FORMS** (PAGES 3, 4, 5 and 6) WITH APPLICATION. EACH OF YOUR REFERENCES MUST SIGN THIS FORM BEFORE A NEW YORK STATE NOTARY. REFERENCES MUST ALSO PERSONALLY SIGN ALL THREE STATE OF NEW YORK APPLICATION FORMS. APPLICANTS ARE OBLIGATED TO INFORM REFERENCES OF ANY ARRESTS, CONVICTIONS, AND TREATMENT FOR MENTAL ILLNESS. FAILURE TO ADVISE YOUR REFERENCES COULD RESULT IN DENIAL OF APPLICATION.
- REFERENCES MUST BE RESIDENTS OF DUTCHESS COUNTY AND MUST KNOW APPLICANT FOR AT LEAST SIX MONTHS. REFERENCES MUST BE AT LEAST 21 YEARS OF AGE. APPLICANTS MAY NOT USE THE FOLLOWING AS REFERENCES: TOWN JUSTICES, JUDGES, POLICE OFFICERS, CORRECTION OFFICERS, PERSON TO WHOM APPLICANT IS RELATED, PERSON IN THE SAME HOUSEHOLD AS APPLICANT, OR ANY TWO PERSONS OF THE SAME FAMILY OR HOUSEHOLD.
- AT THE TIME OF YOUR SCHEDULED APPOINTMENT**, PLEASE BRING IN A **POSTAL MONEY ORDER** IN THE AMOUNT OF **\$105.25** PAYABLE TO "DCSO." THIS FEE IS FOR THE FINGERPRINT SEARCH AND IDENTIFICATION AT NYS DCJS. (CASH, PERSONAL CHECKS OR BANK MONEY ORDERS WILL NOT BE ACCEPTED.)
- APPLICANTS MUST INDICATE ALL ARRESTS--CONVICTIONS OR NOT.** IF A CHARGE HAS BEEN SEALED, DISMISSED A.C.D, OR THE PERSON HAS BEEN FOUND NOT GUILTY, EVEN IF A LAWYER OR JUDGE STATED IT DID NOT NEED TO BE DISCLOSED ALL MUST BE NOTED AS AN ARREST. APPLICANTS MUST OBTAIN AND SUBMIT WITH COMPLETED APPLICATION A LETTER OF DISPOSITION FROM THE COURT WHERE THE CASE WAS HANDLED. ANYONE WITH A FELONY CONVICTION MUST NOT APPLY.
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- PLEASE DROP OFF OR MAIL (MAILED APPLICATIONS WILL EXPERIENCE DELAYS IF ERRORS ARE CONTAINED WITHIN) COMPLETED APPLICATION INCLUDING A POSTAL MONEY ORDER PAYABLE TO "DCSO" IN THE AMOUNT OF \$25.00 TO:**

DC SHERIFF'S OFFICE  
ATT: PISTOL PERMITS  
108 PARKER AVE.  
POUGHKEEPSIE, NY 12601

**WE WILL CALL YOU TO SCHEDULE AN APPOINTMENT. THANK YOU.**



**PISTOL LICENSE REFERENCE FORM  
DUTCHESS COUNTY SHERIFF'S OFFICE  
108 PARKER AVE.  
POUGHKEEPSIE, NEW YORK 12601**

DATE:	APPLICANT'S NAME:	ADDRESS:
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**IT IS IMPORTANT TO READ THIS FORM CAREFULLY BEFORE ANSWERING ANY QUESTIONS.  
ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.**

\*THE ABOVE NAMED HAS MADE APPLICATION TO THIS OFFICE FOR A LICENSE TO CARRY UPON HIS/HER PERSON, OR POSSESS UPON HIS/HER PROPERTY, A PISTOL OR REVOLVER, AND HAS GIVEN YOUR NAME AS A REFERENCE.

\*IT IS IMPORTANT YOU ANSWER THE FOLLOWING QUESTIONS, CERTIFY AS TO THE APPLICANT'S MORAL CHARACTER AND HIS/HER RESIDENCE IN DUTCHESS COUNTY FOR AT LEAST SIX (6) MONTHS. YOU MUST RECOMMEND THE APPLICANT AS A PROPER PERSON TO CARRY UPON HIS/HER PERSON, OR POSSESS UPON HIS/HER PREMISES, A PISTOL OR REVOLVER.

1) HAVE YOU KNOWN THE APPLICANT FOR AT LEAST SIX MONTHS AS REQUIRED?	1)
2) ON WHAT DATE DID YOU FIRST BECOME ACQUAINTED WITH THE APPLICANT?	2)
3) IS THE APPLICANT 21 YEARS OF AGE OR OVER?	3)
4) HAS THE APPLICANT CONTINUOUSLY RESIDED IN DUTCHESS COUNTY FOR THE PAST SIX MONTHS?	4)
5) WHAT IS THE NATURE OF HIS/HER EMPLOYMENT, AND BY WHOM IS HE/SHE EMPLOYED?	5) _____ _____
6) IS THE APPLICANT A CITIZEN OF THE UNITED STATES?	6) _____

APPLICANT IS OBLIGATED TO VOLUNTARILY ADVISE YOU OF ANY ARRESTS OR TREATMENT FOR MENTAL ILLNESS.

7) HAS THE APPLICANT EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME OR CRIMINAL OFFENSE?	7)
8) IS APPLICANT, AT PRESENT, BEING TREATED OR HAS AT ANY TIME BEEN TREATED FOR MENTAL ILLNESS?	8)
9) HAS APPLICANT EVER BEEN CONFINED TO AN INSTITUTION, PUBLIC OR PRIVATE, FOR ANY MENTAL ILLNESS? IF THE ANSWER IS YES, GIVE DATES AND NAMES OF INSTITUTIONS.	9) _____ _____
10) DO YOU PERSONALLY RECOMMEND THE APPLICANT AS A PERSON TO BE ISSUED A LICENSE TO CARRY UPON HIS/HER PERSON A PISTOL OR REVOLVER, OR POSSESS IN A DWELLING OR PLACE OF BUSINESS? ADDITIONAL INFORMATION YOU MAY HAVE REGARDING THE APPLICANT: _____ _____ _____	10) <b>YES</b> <b>NO</b>

**IF YOU HAVE ANY RESERVATIONS ABOUT RECOMMENDING THIS APPLICANT, ADVISE APPLICANT.**

SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REFERENCE PRINT NAME BELOW

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

**COMPLETE THIS FORM AND RETURN TO THE APPLICANT**

**PISTOL LICENSE REFERENCE FORM  
DUTCHESS COUNTY SHERIFF'S OFFICE  
108 PARKER AVE  
POUGHKEEPSIE, NEW YORK 12601**

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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

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 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

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"/>			

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.