

# Jefferson County Court ~ Honorable David Renzi

## Jefferson County Sheriff's Office ~ Sheriff Peter R. Barnett

### Watertown, NY 13601

Sheriff's Records Office: 315-786-2711

[jeffersoncountyny.gov/records-division](http://jeffersoncountyny.gov/records-division)

## JEFFERSON COUNTY FIREARM PERMIT PACKET INSTRUCTIONS

**CAREFULLY READ THE INSTRUCTIONS IN THEIR ENTIRETY BEFORE YOU BEGIN COMPLETING THE APPLICATION FORMS.**

- Firearm permit applicants must meet the following criteria: Minimum 21 years of age, (certain exceptions for former military service (NYS Penal Law 400.00(1a)); of good moral character; resides within Jefferson County (lives full-time in a dwelling with proof of utilities, rental agreement, insurance, mortgage, etc.); or owns real property and pays taxes thereon, (leaseholds, members of camps with leases, or seasonal rental lots are NOT residents); or are principally employed in Jefferson County; not convicted of a felony or "serious offense" (**Appendix A**); not convicted of Assault 3<sup>rd</sup>, Misdemeanor DWI or Menacing 3<sup>rd</sup> in the preceding FIVE years; not a fugitive of justice; not an unlawful user or addicted to controlled substances; if you're an alien – you are not illegally in the United States or not admitted into the US under a non-immigrant visa; not dishonorably discharged from the military; have not renounced your US citizenship; have not been involuntarily committed to a facility under the jurisdiction of the Department of Mental Hygiene pursuant to NY law, or has not been civilly confined in a secure treatment facility pursuant to NY law; has disclosed any suffering/treatment from any mental illness; has not had a handgun license revoked; is not under a suspension or ineligibility order due to a domestic violence restraining order; completed a minimum of a 18 hour handgun safety course, passed a written exam and live fire with satisfactory results from a Duly Authorized Instructor (**Appendix B**); has no guardian appointed to them pursuant to NY law based on a determination as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease, lacking the mental capacity to contract or manage their own affairs; presents no good cause for the denial of the permit.
- Submit your firearm permit packet at the Records Division of the Sheriff's Office between the hours of **8:00 a.m. and 2:00 p.m., Monday – Friday** (closed on observed holidays). When your permit packet is assigned to the Investigator, you will be contacted for the remainder of the processing, interview and payment. The **fee of \$136.75** will be collected at your scheduled appointment for processing. Fees are accepted in **cash, check, or postal money order** payable to **Sheriff of Jefferson County**. Fees are non-refundable. Applications will be processed in the order they are received.
- Any firearm permit packet submitted to the Records Division **after 9/1/22** must include a certificate from a **Duly Authorized Instructor** after completing 16 hours of in-person classroom instruction, 2 hours of live-fire training (as defined in NYS PL 265.00(19)) and pass a written exam with a minimum score of 80%. Your certificate is valid for five (5) years.
- Your packet requires the completion of four (4) Character Reference Questionnaires. References must be 21 years of age; not related through blood or marriage; cannot live in the same household as applicant; only one (1) reference per household; and must reside in Jefferson County. References must complete, sign, and have notarized the Reference Questionnaires contained within this packet. If you are unable to provide four (4) character references residing in Jefferson County, exceptions **may** be made on a case-by-case basis with the understanding this may delay your application processing.



- Include copies of supporting documentation, **certificates of disposition for any charges/convictions from each respective court**, and/or additional sheets of paper to expand on your answers. Do NOT provide us with your only original document. All supporting documentation will be made part of your firearm permit packet and maintained as such. Incomplete, vague or misleading documentation will NOT be interpreted in your favor.
- Applicants must present a valid Government issued ID when the packet is submitted to the Records Division. Visit [dmv.ny.gov](http://dmv.ny.gov) for instructions to obtain a NYS driver or non-driver ID. Applicants with an out-of-state Government issued ID must provide proof of NY residency, part time NY residency, or employment in Jefferson County. The "Letter of Recommendation from your Commanding Officer" is sufficient for military applicants (see MILITARY APPLICANTS bullet point below for more).
- You will be interviewed, fingerprinted and photographed during the appointment with the assigned Investigator, and you will receive two (2) copies of the computer-generated NYS Pistol Permit Form (NYS PPB3). You must obtain **original black ink signatures** from all four (4) character references in the "Signature" block of the PPB3. Return the signed PPB3 forms to the Records Clerk **within 30 days**. If you are unable to return the signed PPB3 forms within 30 days, your application may be considered "abandoned," which will surrender any application fees paid. You will have to resubmit a new application packet and complete the entire process again, paying all necessary fees at that time.
- Once the Licensing Officer notifies the Sheriff's Records Division of your approval, you will be notified by a Records Division Clerk, by phone. Only after notification of your approval, should you come to the Sheriff's Records Division to be issued your permit. Your photo will be taken again, at the time of issuance, for your firearm permit card.
- If your firearm permit is denied, you will receive written notification from the Licensing Officer. Reasons for denial may include, but are not limited to, criminal history convictions, falsifying information, withholding information/documentation from your packet, failure to disclose information, and/or gross negligence to deadlines as outlined above.
- **MILITARY APPLICANTS:** Active military applicants must include a letter of recommendation from your Commanding Officer in addition to the requirements listed in the attached Firearm Permit Packet. There is an additional authorization to release records for Military Applicants. If you are in possession of a handgun(s) purchased/acquired outside NYS or acquired in NYS from any source other than an FFL/NYS Firearms Dealer, they MUST be surrendered to an FFL/NYS Dealer or law enforcement. Only handguns coming from a licensed FFL/NYS dealer can be registered on your NYS Firearm Permit.
- Prior service applicants please include a copy of your Certificate of Release or Discharge from Active Duty, DD Form 214. Applicable National Guard prior service please include NGB Form 22/23.

#### **CHECKLIST FOR APPLICANTS:**

- Complete 16-hour classroom/2-hour live-fire training. Copy of certificate included with packet. Responsibility of applicant to have appropriate training by a Duly Authorized Instructor as defined in NYS Penal Law 265.00(19).
- Four (4) Character Reference Questionnaires – Questionnaires are completed in the references own handwriting/words and have signed the document in the presence of a Notary. If an applicant is found



to have falsified, changed, completed the questions without the reference's ability to answer for themselves or influenced the reference to include or exclude specific information regarding the applicant, the applicant will be denied and could face criminal charges.

Requests to use character references outside of Jefferson County must be made **in writing** to the Jefferson County Court Judge.

- Signed Family Court Release – Include a signed form for each County Family Court you have had a hearing/dispute/order of protection/been a petitioner or respondent in, **EVER**. If you had mediation, child support hearings, orders, or changes to visitation, you were in Family Court. Please indicate the year you had the hearing/support/custody/visitation change.
- Signed Military Privacy Consent Form – ACTIVE-DUTY MILITARY and any prior service member with a DD-214.
- Include a written letter of recommendation **in military memorandum format** from your Commanding Officer.
- Copy of DD-214 if separated from service.
- Signed Authorization to Release Office of Mental Health Records (form OMH 11BC 2-21)
- Completed Firearm Permit Packet – Include copies of supporting documentation, expand on answers that need clarification/explanation on additional sheets of paper; write legibly. Information should be completed in black ink and must be signed and notarized. There are several notaries at the Public Safety Building.
- Read/Sign/Have notarized the **\*WARNING\*** page included in the packet.
- Present a Driver's License or Non-Driver ID when submitting your packet to the Records Clerk. A copy will be made and included in your packet.
- Packets are available at the Sheriff's Office Records Division for \$5.00. Or you can print a **single-sided** copy, found at [jeffersoncountyny.gov/records-division](http://jeffersoncountyny.gov/records-division) \*\* *This is the only valid link for Jefferson County's Firearm Permit Application*



## APPENDIX A – JEFFERSON COUNTY, NY FIREARM PERMIT PACKET

### DISQUALIFYING SERIOUS OFFENSES

You will be disqualified for a firearms permit if you have a NYS felony or “serious offense” conviction as defined below. It is advised you disclose your convictions from any jurisdiction as accurately as possible. Convictions from out-of-state may require additional evaluation.

#### **Penal Law 265.00 (17) defines “serious offense” to mean:**

- a) Any of the following offenses defined in the current penal law and any offense in any jurisdiction or the former penal law that includes all of the essential elements of any of the following offenses:
- Illegally using, carrying or possessing a pistol or other dangerous weapon;
  - Possession of burglar’s tools;
  - Criminal possession of stolen property in the third degree;
  - Escape in the third degree;
  - Jostling;
  - Fraudulent accosting;
  - Endangering the welfare of a child;
  - Obscenity in the third degree;
  - Issuing abortifacient articles;
  - Permitting prostitution;
  - Promoting prostitution in the third degree;
  - Stalking in the fourth degree;
  - Stalking in the third degree;
  - Sexual misconduct;
  - Forcible touching;
  - Sexual abuse in the third degree;
  - Sexual abuse in the second degree;
  - Criminal possession of a controlled substance in the seventh degree;
  - Criminally possessing a hypodermic instrument;
  - Criminally using drug paraphernalia in the second degree;
  - Criminal possession of methamphetamine manufacturing material in the second degree;
  - Hate crime defined in article four hundred eighty-five of this chapter.
- b) Any of the following offenses defined in the current penal law and any offense in any jurisdiction or in the former penal law that includes the defendant and the person against who the offense was committed were members of the same family or household as defined in subdivision one of section 530.11 of the criminal procedure law and as established pursuant to section 370.15 of the criminal procedure law:
- Assault in the third degree;
  - Menacing in the third degree;
  - Menacing in the second degree;
  - Criminal obstruction of breathing or blood circulation;
  - Unlawful imprisonment in the second degree;
  - Coercion in the third degree;
  - Criminal tampering in the third degree;
  - Criminal contempt in the second degree;
  - Harassment in the first degree;
  - Aggravated harassment in the second degree;



- Criminal trespass in the third degree;
- Criminal trespass in the second degree;
- Arson in the fifth degree;
- Or attempt to commit any of the above-listed offenses.

c) Any misdemeanor offense in any jurisdiction or in the former penal law that includes all of the essential elements of a felony offense as defined in the current penal law.

**\*Penal Law 400.00** states applicants for a firearms permit cannot be convicted in the preceding FIVE years of:

- Assault in the third degree;
- Misdemeanor DWI;
- Menacing in the third degree.

\*as of September 1, 2022

#### **DISQUALIFIERS PURSUANT TO FEDERAL LAW**

- Being convicted of a misdemeanor crime of domestic violence.
- Being a fugitive from justice.
- Being an unlawful user of or addicted to any controlled substance.
- Being an alien who is illegally or unlawfully in the United States.
- Having been discharged from the Armed Forces under dishonorable conditions.
- Being an individual who, having been a citizen of the United States, has renounced his citizenship.
- Being subject to a court order that:
  - a) was issued after a hearing of which such person received actual notice, and at which such person has an opportunity to participate:
  - b) restrains such person from harassing, stalking, or threatening an intimate partner of such person or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and
    - i) includes a finding that such a person represents a credible threat to the physical safety of such intimate partner or child; or
    - ii) by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury.

Federal law prohibits anyone from possessing firearms or ammunition if they are, or have been, convicted of a misdemeanor crime of domestic violence. The term “misdemeanor crime of domestic violence” means: any offense defined as a State or Federal misdemeanor, whether or not explicitly described in a statute as a crime of domestic violence, which has, as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim’s current or former domestic partner, parent or guardian. The term “convicted” is generally defined in the statute as excluding anyone whose conviction has been expunged or been set aside, or anyone who has received a pardon.



## CERTIFICATE OF RELIEF FROM DISABILITIES

On occasion, an applicant who was convicted of a felony or serious offense submits, pursuant to Correction Law Section 701, a certificate of relief from disabilities. This certificate neither requires nor prevents the issuance of a firearms permit. Penal Law section 400(1) provides a firearms permit may not be issued to a person who has been convicted of a felony or serious offense, but Correction Law section 701 states once a certificate is granted, the conviction to which it relates may no longer be considered a conviction for purposes of that Penal Law provision. Thus, the certificate removes the absolute disqualification established for convicted persons in Penal Law section 400(1). This does not mean, however, the permit must be issued. The applicant's background, including the conviction, may still be evaluated and considered in determining the applicant's qualification to possess a firearms permit.

The certificate must be checked off in box (C), and the details for box (C) must indicate, "For the purpose of: The right to serve as a juror. The right to possess firearms. The right to obtain a pistol permit." Correction Law section 701(3) states: A certificate of relief from disabilities shall not, however, in any way prevent any judicial, administrative, licensing or other body, board or authority from relying upon the conviction specified therein as the basis for the exercise of its discretionary power to suspend, revoke, refuse to issue or refuse to renew any license, permit or other authority or privilege.



## APPENDIX B - FIREARMS INSTRUCTORS

The Jefferson County Sheriff's Office does not endorse, suggest, promote, or advise any specific instructor. It is the responsibility of the applicant to determine the qualifications of any specific "Duly Authorized Instructor." ***Please provide a copy of the instructor's certification which should be issued by one of the defined authorities listed below as well as the instructor's name, address, phone number, and email.*** There may be delays in processing your application to confirm the validity of your instructor and their curriculum if this information is not provided. Your safety course certification is valid for five years.

**NYS Penal Law 400.00(19) states:** Prior to the issuance or renewal of a license under paragraph (f) of subdivision two of this section, issued or renewed on or after the effective date of this subdivision, an applicant shall complete an in-person live firearms safety course conducted by a duly authorized instructor with curriculum approved by the division of criminal justice services and the superintendent of state police, and meeting the following requirements: (a) a minimum of sixteen hours of in-person live curriculum approved by the division of criminal justice services and the superintendent of state police, conducted by a duly authorized instructor approved by the division of criminal justice services, and shall include but not be limited to the following topics: (i) general firearm safety; (ii) safe storage requirements and general secure storage best practices; (iii) state and federal gun laws; (iv) situational awareness; (v) conflict de-escalation; (vi) best practices when encountering law enforcement; (vii) the statutorily defined sensitive places in subdivision two of section 265.01-e of this chapter and the restrictions on possession on restricted places under section 265.01-d of this chapter; (viii) conflict management; (ix) use of deadly force; (x) suicide prevention; and (xi) the basic principles of marksmanship; and (b) a minimum of two hours of a live-fire range training course. The applicant shall be required to demonstrate proficiency by scoring a minimum of eighty percent correct answers on a written test for the curriculum under paragraph (a) of this subdivision and the proficiency level determined by the rules and regulations promulgated by the division of criminal justice services and the superintendent of state police for the live-fire range training under paragraph (b) of this subdivision. Upon demonstration of such proficiency, a certificate of completion shall be issued to such applicant in the applicant's name and endorsed and affirmed under the penalties of perjury by such duly authorized instructor. An applicant required to complete the training required herein prior to renewal of a license issued prior to the effective date of this subdivision shall only be required to complete such training for the first renewal of such license after such effective date.

**\*\*NYS Penal Law 265.00(19) defines a Duly Authorized Instructor as:** (a) a duly commissioned officer of the United States army, navy, marine corps or coast guard, or of the national guard of the state of New York; or (b) a duly qualified adult citizen of the United States who has been granted a certificate as an instructor in small arms practice issued by the United States army, navy or marine corps, or by the adjutant general of this state, or by the division of criminal justice services, or by the national rifle association of America, a not-for-profit corporation duly organized under the laws of this state; (c) by a person duly qualified and designated by the department of environmental conservation as its agent in the giving of instruction and the making of certifications of qualification in responsible hunting practices; or (d) a New York state 4-H certified shooting sports instructor.

***\*\*Effective July 15, 2023***



# WARNING

ACCESS TO A WEAPON OR FIREARM IN THE HOME SIGNIFICANTLY INCREASES THE RISK OF SUICIDE, DEATH DURING DOMESTIC DISPUTES, AND/OR UNINTENTIONAL DEATHS TO CHILDREN, HOUSEHOLD MEMBERS AND OTHERS.

IF YOU OR A LOVED ONE IS EXPERIENCING DISTRESS AND/OR DEPRESSION, CALL THE NATIONAL SUICIDE PREVENTION LIFELINE AT 988.

*Effective January 7<sup>th</sup>, 2025, the New York State Penal Law §400.00(20) requires Licensing Officers to provide the above warning to all firearm or weapon licensees when issuing new firearm permits or amending existing permits.*



# **WARNING**

**RESPONSIBLE FIREARM STORAGE IS THE LAW IN NEW YORK STATE.**

**WHEN STORED IN A HOME: FIREARMS, RIFLES, OR SHOTGUNS MUST EITHER BE STORED WITH A GUN LOCKING DEVICE OR IN A SAFE STORAGE DEPOSITORY OR NOT BE LEFT OUTSIDE THE IMMEDIATE POSSESSION AND CONTROL OF THE OWNER OR OTHER LAWFUL POSSESSOR IF A CHILD UNDER THE AGE OF EIGHTEEN RESIDES IN THE HOME OR IS PRESENT, OR IF THE OWNER OR POSSESSOR RESIDES WITH A PERSON PROHIBITED FROM POSSESSING A FIREARM UNDER STATE OR FEDERAL LAW.**

**FIREARMS SHOULD BE STORED BY REMOVING THE AMMUNITION FROM AND SECURELY LOCKING SUCH FIREARM IN A LOCATION SEPARATE FROM AMMUNITION.**

**LEAVING FIREARMS ACCESSIBLE TO A CHILD OR OTHER PROHIBITED PERSON MAY SUBJECT YOU TO IMPRISONMENT, FINE, OR BOTH.**

**WHEN STORED IN A VEHICLE OUTSIDE THE OWNER'S IMMEDIATE POSSESSION OR CONTROL, FIREARMS, RIFLES, AND SHOTGUNS MUST BE STORED IN AN APPROPRIATE SAFE STORAGE DEPOSITORY AND OUT OF SIGHT FROM OUTSIDE THE VEHICLE.**



## 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
		SIGN IN FRONT OF INVESTIGATOR
		SIGN IN FRONT OF INVESTIGATOR
		SIGN IN FRONT OF INVESTIGATOR
		SIGN IN FRONT OF INVESTIGATOR

**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**

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

**COUNTY OF JEFFERSON  
OFFICE OF COUNTY COURT JUDGE  
WATERTOWN, NEW YORK 13601**

**FIREARM PERMIT PACKET**

SECTION 400 of the Penal Law states, in part, as follows:

*“1. ELIGIBILITY. No license shall be issued or renewed pursuant to this Section except by the licensing officer, and then only after investigation and finding that all statements in a proper application are true. No license shall be issued or renewed except for an applicant... (b) of good moral character; (c) who has not been convicted anywhere of a felony or a serious offense or who is not the subject of an outstanding warrant of arrest issued upon alleged commission of a felony or serious offense; ... (i) who has stated whether he or she has ever suffered any mental illness; (j) who has not been involuntarily committed to a facility under the jurisdiction of an office of the department of mental hygiene ... or has not been the subject of a report made pursuant to section 9.46 of the mental hygiene law.”*

In considering good moral character of the applicant and whether good cause exists for the denial of the license, this Court will attempt to view the applicant as a whole person and take into account his or her entire life history, rather than limit its view to isolated events in his or her life. This Court considers good moral character to embody that degree of honesty, integrity and discretion the public has a right to demand of a firearm licensee, judged by contemporary standards. This Court does not establish specific guidelines as to what transgressions or misconduct will be regarded as disqualifying other than as stated in Section 400 of the Penal Law partially quoted above.

It is essential that all questions be answered completely. Please attach additional sheets of paper for answers as part of your packet if you are unable to answer completely in the space provided.

The information contained in the enclosed Firearm Permit Packet will be considered on the question of good moral character and whether good cause exists to deny the application. Therefore, applicants should complete the necessary steps, collect/copy supporting documents, sign/notarize documents and notify this office once it is complete. If for any reason a portion of the steps, supporting documentation cannot be provided or completed, the Application Appointment will not be scheduled and the packet will not be accepted as complete. This will delay your process and subsequent approval.

As indicated in the Instructions you are required to obtain notarized signatures of four (4) persons as character references on a Reference Questionnaire. We suggest these persons be neighbors, friends, co-workers, or those you do business with regularly. In other words, they should be people who know you and your background well. These persons should also be of good moral character and reputation in the community. The character references must complete the Questionnaire in their own words with honesty and truthfulness regarding the character of the Applicant. They too, should have no criminal record.

This Firearm Permit Packet is confidential. It will be retained with the confidential records of the Jefferson County Clerk's Office and used only for firearm permitting purposes.



**COUNTY OF JEFFERSON  
OFFICE OF COUNTY COURT JUDGE  
WATERTOWN, NEW YORK 13601**

STATE OF NEW YORK  
FIREARM PERMIT APPLICATION AND AFFIDAVIT

In Re Application of:

- Pistol/Revolver Permit  
 Semi-Auto Rifle Permit

Current Residential Address:

\_\_\_\_\_  
Please Print Full Applicant Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip Code

STATE OF NEW YORK )  
COUNTY OF JEFFERSON ) SS:

TO THE JEFFERSON COUNTY COURT:

The undersigned in support of such application submits the following applicant history and affidavit:

1. a. Please state full name \_\_\_\_\_  
*first name, middle name last name*

b. SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_; \*NYS Driver/Non-Driver ID#: \_\_\_\_\_  
*\*Applicant must have a NYS issued Driver or Non-Driver identification*

c. Have you ever used or been known by any other name?  Yes  No

If Yes, please list each name in full, used or changed at any time and when, how and why change was made (example – marriage, divorce, adoption, etc.): \_\_\_\_\_  
\_\_\_\_\_

2. a. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City/State Country

b. Are you a citizen of the United States?  Yes  No

c. Have you ever renounced your United States citizenship?  Yes  No

d. Are you an alien illegally or unlawfully in the United States?  Yes  No

e. Are you an alien admitted to the United States who does not  
qualify for exceptions under 18USC 922 (y)(2)?  Yes  No

f. Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_



3. The following constitutes every permanent and temporary residence I have lived in the last five (5) years. **Beginning with my current address** of residence to include all periods of time in the preceding five (5) years. *Attach additional sheets, if necessary*

From Mo./Yr.	To Mo./Yr.	Physical Street Address	City/State

4. Provide the name, city, state, year of graduation, and degree obtained for any high school/GED and any subsequent higher education: *Attach additional sheet if necessary*

Name of School	City/State	Year of Graduation	Degree Obtained

5. My father's name is: \_\_\_\_\_  
 He  is,  is not living.

6. My mother's name is: \_\_\_\_\_  
 She  is,  is not living.

7. The following is a complete list of my biological and/or stepsiblings, their home address, phone number and date of birth. *Attach additional sheet, if necessary*

Full Sibling Name	Address/City/State	Phone Number	DOB

8. a. Marital status:  Single  Married  Separated  Divorced  
 b. If you are married, list the date and city/state of marriage and full name (include maiden) of your spouse: \_\_\_\_\_  
 c. If you are separated, divorced, or widowed, list the full name of any former spouse(s) and date of separation, divorce, or death: \_\_\_\_\_

9. List the full name, relationship (i.e.: spouse, child, significant other), and date of birth of any person residing (full or part-time, i.e.: child visitation) with you. Indicate with a checkmark, if anyone has been convicted anywhere for any offense (except traffic infractions); diagnosed/treated/suffers from any



mental/emotional/behavioral disorder or disability, mental illness, traumatic brain injury, or drug/alcohol addiction; or has been admitted to any hospital or rehabilitative facility, public or private, for an emotional/behavioral disorder, mental illness, traumatic brain injury, or drug/alcohol addiction. (This would include treatment or hospitalization for suicidal threats/actions)

Full Name (first, middle, last)	Relationship	Date of Birth	Convicted of Offense	Dx/Treat/Suffer M/E/B Disorder, MI, TBI, Addiction	Admitted to Hosp/Rehab for M/E/B Disorder, MI, TBI, Addiction

a. Are you an unlawful user of or addicted to any controlled substance as defined in section 21 USC 802?  Yes  No

b. Have you ever suffered any mental illness?  Yes  No  
If **yes**, explain: \_\_\_\_\_

c. Have you ever been involuntarily committed to a mental health facility?  Yes  No  
If **yes**, provide location, date, duration, diagnosis and treatment: \_\_\_\_\_  
\_\_\_\_\_

d. Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that because of marked subnormal intelligence, mental illness, incapacity, condition or disease, you lack the mental capacity to contract or manage your own affairs?  Yes  No  
If **yes**, explain: \_\_\_\_\_

10. a. Have you ever been a member of any branch of the Armed Forces of the US?  Yes  No

b. Have you ever been a member of the National Guard or any of the reserve components?  Yes  No

If **yes** to either, list:

1. Date of period(s) of active/guard/reserve duty: \_\_\_\_\_
2. Branch of service: \_\_\_\_\_
3. Date of discharge: \_\_\_\_\_

c. As a member of the armed forces, have any charges ever been made or proceedings instituted against you?  Yes  No

d. Have you ever been a defendant in any court martial  Yes  No

e. If **yes** to **c** or **d**, state the date and nature of the charge(s), disposition of the proceedings, and location and designation of the military establishment where such proceedings took place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



- f. Have you ever received a medical discharge or an administrative discharge for medical reasons?  Yes  No
- g. If you are Active Duty, have you included a letter of recommendation from your Commanding Officer with this Applicant History and Affidavit?  Yes  No
- h. If you are Active Duty, have you signed and included the Authorization to Release Military Records with this Applicant History and Affidavit?  Yes  No
- i. If you have separated from military service, have you included a copy of your DD-214?  Yes  No

11. In the last five (5) years, have you ever been employed, self-employed, or associated with any occupation, business, enterprise or profession, either part-time or full-time?  Yes  No  
 If **yes**, beginning five (5) years prior to the date of this application, give name and address of each employer, the position in which you occupied, date (month and year) in which you were employed, and the reason you left each employer or terminated the self-employment or association. Please list the location of the employer if it is different than the physical address. All periods of time in the last five years prior to the date of filing this application must be covered. If you are "retired," please list the employer/business from which you retired, when you retired, and any subsequent part-time/post-retirement employment positions you have held. **ONLY "Retired" will not be accepted.**

From Mo/Yr.	To Mo/Yr.	Employer	Address/City/State	Position Held	Reason for Leaving

12. The following is a complete record of all instances in which you have been arrested, charged, indicted, convicted, adjudicated, taken into custody, issued an appearance ticket, or answered a criminal summons or warrant in a court. Having been adjudged a Youthful Offender does not excuse full disclosure of the underlying information required herein from any record, or dismissing, vacating or setting aside any arrest, accusation or conviction, or purporting to authorize any person to deny the existence of such matters as omission shall be considered less than full disclosure. Attachment of letters from law enforcement agencies in lieu of an answer is not acceptable. This includes DWI arrests, sealed records, ACD's, whether you were fingerprinted or not. Do NOT include traffic tickets for infractions. Include copies of any Certificate of Disposition from the court in which your case was settled. *Attach additional sheet(s) if necessary. **Failure to disclose ALL previous arrests and dispositions and/or the filing of false information regarding the same will result in an automatic denial of the firearm permit application.***

Arrest Date	Police Agency	Charge(s)	Disposition Court	Disposition Date	Disposition/Fine



- a. Are you a fugitive from justice?  Yes  No
- b. Have you been convicted of Assault 3<sup>rd</sup>, Misdemeanor DWI, or Menacing 3<sup>rd</sup> within the previous five years?  Yes  No
- c. 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
13. Have you ever been granted immunity and testified as a witness in any criminal action or criminal proceeding in which you were not a party?  Yes  No
- If **yes**, please state the place, date, name of the defendant, nature of the action or proceeding, the Court and the circumstances: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
14. Some license applications require proof of good moral character (i.e. any application and licensing process covered by the state's Division of Licensing or State Liquor Authority - liquor licenses, real estate broker/agent, insurance broker/agent, medical/nursing/dental, legal, banking, etc.).
- a. Have you ever made application for the procurement of which required proof of good character, including a pistol permit application, and which your application was **DENIED**?  Yes  No
- b. Have you ever held a license or certificate the procurement of which required proof of good character, including a pistol permit application, and which license or certificate was **SUSPENDED** or **REVOKED**?  Yes  No
- c. Have you ever had a pistol/revolver/semi-automatic rifle license revoked?  Yes  No
- If **yes**, as to each such license or certificate, please state the date it was denied/suspended/revoked, and the name/address of the issuing and revoking authority: \_\_\_\_\_
- \_\_\_\_\_
15. a. Have you ever been a suspect or a victim of a domestic incident or domestic violence?  Yes  No
- b. Has any law enforcement agency ever responded to your location for a disturbance, disagreement, argument, fight, or other altercation between members of the same household, regardless of if you or someone else notified the police?  Yes  No
- c. Have you ever been named a Petitioner or Respondent in a Family Court proceeding?  Yes  No
- d. Have you ever had Child Protective Services investigate you or your family for a report of maltreated, neglected, or endangered child(ren)?  Yes  No
- e. Have you ever been a Petitioner, Respondent, or Protected Person in an Order of Protection? (Stay Away or Refrain From)  Yes  No



f. 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 842a of the Family Court Act?  Yes  No

If **yes** to any of the above, please provide dates, locations, and investigation. law enforcement agency, names of any parties involved, type and location of court proceeding and findings of any CPS and/or LE investigation. This information must be disclosed regardless of when the incident(s) occurred, whether it resulted in an arrest or not, or an Order of Protection was issued or not. *Attach additional sheets and copies of supporting documentation if necessary:*

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16. Familiarity with firearms will be considered along with other factors in determining whether a permit shall be issued. Lack of familiarity in and of itself, will not necessarily disqualify an applicant. Are you familiar with the safe handling of a firearm?  Yes  No

If **yes**, check the appropriate source/background of your familiarity:

- Military/Law Enforcement Experience
- Hunter's Safety Course; list location/date of completion \_\_\_\_\_  
\_\_\_\_\_
- Current valid Hunting License: List State of issuance and date of expiration \_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_

17. Do you possess a valid/current concealed carry/pistol permit/firearms license from any other state?  Yes  No

If **yes**, list the state of issuance, date issued, date of expiration, and any identification number of the permit. *Attach a copy of any current permit:* \_\_\_\_\_  
\_\_\_\_\_

18. Do you have family members/spouse/adult children with a valid NYS pistol permit (regardless of what county issued it)?  Yes  No

If **yes**, who and what county is it issued? \_\_\_\_\_  
\_\_\_\_\_

19. a. Are there firearms (long guns and/or pistols) in your home currently?  Yes  No

If **yes**, please check all types of firearm(s) in your home:

- Rifle(s)       Shotgun(s)       Pistol(s)/Revolver(s)

b. Part of the safe handling of firearms includes the secured safe storage of such property. If someone was to be injured or killed because of the intentional negligent, reckless, unsafe storage of firearms or someone not lawfully able to possess or control firearms, obtains such access or control, you may be held liable,



whether civilly or criminally. How are firearms currently stored in your home, regardless of whether you handle/fire/own them?

- Fireproof Safe/Box; Located in room: \_\_\_\_\_  
Who has Access? \_\_\_\_\_
- Metal/Wood/Glass Box/Cabinet; Located in room: \_\_\_\_\_  
Who has access? \_\_\_\_\_
- Locked Closet/Arms Room; Located in room: \_\_\_\_\_  
Who has access? \_\_\_\_\_
- Other (i.e. gun/trigger lock, "out of sight" location, closet, under bed, etc.); Located in room: \_\_\_\_\_  
Who has access? \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF JEFFERSON ) SS:

\_\_\_\_\_, being first duly sworn, says:  
Applicant's Printed Legal Full Name

I understand this questionnaire is a continuing questionnaire and must give correctly and fully the information herein sought as of the date of my licensing. I will, therefore, before such licensing, notify the licensing officer, by filing an amendment to this affidavit (form provided upon request), as to any change in respect to any matter regarding which information is herein sought, and as to any incident which may have any bearing upon any information herein sought.

I have read the foregoing questions and have answered the same fully and frankly. The answers are complete and true to my own knowledge. I have written the answers or they have been written under my supervision.

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_, 20\_\_\_\_\_



**COUTY OF JEFFERSON  
OFFICE OF COUNTY COURT JUDGE  
WATERTOWN, NEW YORK 13601**

**\*WARNING\***

This application contains the following question:

**HAVE YOU EVER BEEN ARRESTED, CHARGED, OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)?**

In accordance with Penal Law §400.00[1], your application **MUST** be denied if any statement(s) in your application are not true. This also means, if you fail to disclose information on your application, your application must be denied.

Your failure to honestly and truthfully provide correct and accurate answers to this question could result in your application for a Firearm Permit being denied.

Further, failing to honestly and truthfully provide correct and accurate answers could result in your being charged with a misdemeanor or felony offense.

Your criminal history will be obtained by the investigating police agency.

All involvement of a criminal nature with a court must be reported. This includes charges made by actual police arrest, summons, ticket or any other method.

Your obligation to report involvement of a criminal nature with a court must be reported regardless of whether the charges(s) were dismissed, sealed, granted an Adjournalment in Contemplation of Dismissal, and/or granted youthful offender status and despite your age being less than 18 at the time of arrest.

If you are unsure of the underlying facts you should contact the court involved or the police agency making such arrest and seek the information allowing you to correctly answer the question.

If your application is denied for failure to disclose information, you will be **prohibited from re-applying for a period of three (3) years** and, even after that three-year period, depending upon the information that was not disclosed during the initial application process, your application may still be denied.

I have read the foregoing and under penalty of perjury I acknowledge and accept my legal responsibility to honestly and truthfully provide correct and accurate answers to this question.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_

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

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_, 20\_\_ \_





Peter R. Barnett  
Sheriff

# Jefferson County Sheriff's Office

753 Waterman Drive  
Watertown, New York 13601



Kristopher M. Spencer  
Undersheriff

## Character Reference Questionnaire

To be completed by the Character Reference for the Firearm Permit Applicant.

Character Reference - Complete each question truthfully to the best of your knowledge. Sign/Notarize the form after completing and return to Applicant promptly. You may be contacted by the Firearm Permit Investigator for further discussion and/or verification of information.

Reference's First Name	Middle Initial	Reference's Last Name	Date of Birth (MM/DD/YY) / /	Day Time Phone #
Street Address (No PO Box)		City	State	Zip

**Applicant's Name:** \_\_\_\_\_

It is my opinion the applicant named above is a person of good moral character, not convicted of a crime or "serious offense," not had a pistol permit revoked, not disqualified by reason of mental illness, not disqualified pursuant to an order of protection and is a person whom no good cause exists for the denial of the permit. I affirm that the applicant has a demeanor and temperament to safely and responsibly possess and carry a pistol. I understand law enforcement and court personnel are relying on my vouching for the Applicant. I understand it is a crime to knowingly make a false claim punishable by one year in jail or a \$1,000.00 fine pursuant to Penal Law §175.25. I further understand that false statements made may impact my present or future rights to possess a firearm in New York State.

- How long have you known the Applicant? \_\_\_\_\_ In what capacity do you know the Applicant? \_\_\_\_\_  
\_\_\_\_\_
- What family/social/work activities have you participated in with the Applicant? \_\_\_\_\_  
\_\_\_\_\_
- What specific knowledge/skills/education/accomplishments/achievements are you familiar with of the Applicant?  
\_\_\_\_\_
- What is the attitude of the Applicant in family/social/work environments? \_\_\_\_\_  
\_\_\_\_\_
- Does the applicant use/consume drugs and/or alcohol? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
- Has the applicant ever threatened or acted in a way to harm or kill themselves or someone else? \_\_\_\_\_
- List any first or secondhand accounts of unlawful, reckless, or dangerous conduct which you are aware of involving the Applicant: \_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_, 20\_\_\_\_\_



Peter R. Barnett  
Sheriff

# Jefferson County Sheriff's Office

753 Waterman Drive  
Watertown, New York 13601



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- How long have you known the Applicant? \_\_\_\_\_ In what capacity do you know the Applicant? \_\_\_\_\_  
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\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_, 20\_\_\_\_\_



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753 Waterman Drive  
Watertown, New York 13601



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\_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_, 20\_\_\_\_\_



Peter R. Barnett  
Sheriff

# Jefferson County Sheriff's Office

753 Waterman Drive  
Watertown, New York 13601



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\_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_, 20\_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant Name, (Last, First, Middle Initial)

.....

Sex

Date of Birth

**SSN REQUIRED**

...../...../.....

This authorization must be completed by the patient or his/her personal representative to use/disclose protected health information, in accordance with State and federal laws and regulations. Information may be released pursuant to this authorization to the parties identified herein who have a demonstrable need for the information, provided that the disclosure will not reasonably be expected to be detrimental to the patient or another person.

### PART 1: Authorization to Release Information

**Description of Information to be Used/Disclosed:**

Any report and/or record of mental health evaluation, admittance, or treatment.

**Purpose or Need for Information:**

The Purpose of the disclosure is; (please check one)

- Firearms/Pistol Application Background Check
- Explosives Application Background Check
- Employment Background Check

**From:** Central Files

New York State Office of Mental Health  
44 Holland Ave. Albany NY 12229

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To:** Name, Address, & Title of Person/Organization/Facility/  
Program to Which this Disclosure is to be Made

*NOTE: If the same information is to be disclosed to multiple parties for the same purpose, for the same period of time, this authorization will apply to all parties listed here.*

Jefferson County Sheriff's Office  
753 Waterman Drive  
Watertown, NY 13601

**A.** I hereby permit the use or disclosure of the above information to the Person/Organization/Facility/Program(s) identified above. I understand that:

1. Only the information described in this form may be used and/or disclosed as a result of this authorization.
2. **ALL of this** information is confidential and is protected under federal privacy regulations (HIPAA) and the NYS Mental Hygiene Law and cannot legally be disclosed without my permission.
3. If this information is disclosed to someone who is not required to comply with HIPAA, then it could be redisclosed and would no longer be protected by HIPAA. However, this information will still be protected under the NYS Mental Hygiene law, which prohibits this information from being redisclosed by anyone who receives it unless the redisclosure is permitted by the NYS law (Mental Hygiene Law §33.13).
4. I have the right to revoke (take back) this authorization at any time. My revocation must be in writing on this form. I am aware that my revocation will not be effective if the persons I have authorized to use and/or disclose my protected health information have already taken action because of my earlier authorization.

## AUTHORIZATION FOR RELEASE OF INFORMATION

State of New York OFFICE OF MENTAL HEALTH

Law Enforcement Agency Information to be disclosed to:	<b>Applicant Name (Last, First, M.I.)</b>	PP, EX, EMP,  (Circle 1)
--	---	--------------------------------

**B One- Time Use/Disclosure:** I hereby permit the one-time use or disclosure of the information described above to the person/ law enforcement agency identified above. My authorization will expire:

- When acted upon;
- 90 Days from this Date;

**C. Applicant Signature:** I certify that I authorize the use of my information as set forth in this document.

\_\_\_\_\_  
**Signature of Applicant** or Personal Representative (Handwritten in ink, electronic NOT accepted)      **Date**

\_\_\_\_\_  
**Applicant's Name (Printed)**

\_\_\_\_\_  
 Personal Representative's Name (Printed)

\_\_\_\_\_  
 Description of Personal Representative's Authority to Act for the Applicant *(required if Personal Representative signs Authorization)*

**D. Witness Statement/Signature:** I have witnessed the execution of this authorization and state that a copy of the signed authorization was provided to the applicant and/or the applicant's personal representative.

WITNESSED BY: \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Signature  
 Date: \_\_\_\_\_

### PART 2: Revocation of Authorization to Release Information

I hereby revoke my authorization to use/disclose information indicated in Part I, to the Person/law enforcement agency whose name and address is:

\_\_\_\_\_  
 \_\_\_\_\_

I hereby refuse to authorize the use/disclosure indicated in Part I, to the Person/law enforcement agency whose name and address is:

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant or Personal Representative      Date \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant's Name (Printed)  
 \_\_\_\_\_  
 Personal Representative's Name (Printed)  
 \_\_\_\_\_  
 Description of Personal Representative's Authority to Act for the Patient *(required if Personal Representative signs Revocation of Authorization)*

Jefferson County Sheriff's Office  
Firearms Permit Investigations  
753 Waterman Drive  
Watertown, NY 13601

315-786-2711 – Office

315-786-2743 - Fax

**Family Court Privacy Consent Form**

***\*Complete one form for each County Family Court in which you have had proceedings\****

To facilitate the background investigation required for a NY State Firearms Permit, I consent to the release of personal data and copies of relevant documentation from \_\_\_\_\_ County Family Court to the investigating agencies of Jefferson County to assist in the determination of my fitness for a Firearms Permit.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Legal Name

Previous last name(s) if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

---

*Family Court Use Only*

RECORDS:       Yes SEE ATTACHED       No

NAME \_\_\_\_\_

DATE \_\_\_\_\_



**Jefferson County Sheriff's Office  
Firearms Permit Investigations  
753 Waterman Drive  
Watertown, NY 13601**

315-786-2711 – Office

315-786-2743 - Fax

**Military Privacy Consent Form**

To facilitate the background investigation required for a New York State Firearm License, I consent to the release of personal data and copies of relevant documentation from military systems of records (personnel, finance, security, medical, ADAPCPT, Provost Marshal, etc.) to the appropriate New York State authority which is the investigation agency of Jefferson County Sheriff's Office, to determine my fitness for a Firearms license.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Rank & Unit

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
State of Birth



**JEFFERSON COUNTY SHERIFF'S OFFICE**  
**753 Waterman Drive**  
**Watertown, NY 13601**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I am an applicant for a New York State Firearms License (which may include the request to carry concealed handguns and/or purchase semi-automatic rifles) with the Jefferson County Sheriff's Office. This agency needs to thoroughly investigate my personal, civil, and/or criminal history to evaluate my qualifications to hold a NYS Firearms License. It is in the public's interest that all relevant information concerning my personal, civil, and/or criminal history be disclosed to the above agency.

I hereby authorize any representative of the Jefferson County Sheriff's Office bearing this release to obtain any information in your files pertaining to my personal, civil, and/or criminal records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself by and to any duly authorized agent of the Jefferson County Sheriff's Office, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purposes of conducting a background investigation that may provide pertinent data for the Jefferson County Sheriff's Office to consider in determining my suitability for obtaining a NYS Firearms License. It is my specific intent to provide access to any and all records, personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history records, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or another person in any case, either criminal or civil, in which I presently have, or have had and files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individual and collectively, from all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Jefferson County Sheriff's Office regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Jefferson County Sheriff's Office recommendation and processing my application for a NYS Firearms License, I agree to hold agents and employees harmless from any and all claims and liability associated with my application for a NYS Firearms License in any way connected with the Licensing Officer's decision to grant/not grant a NYS Firearms License. I understand should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights, under Title 5 United States Code, Section 552a. The Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding information furnished will be used by the Jefferson County Sheriff's Office and Jefferson County Court Licensing Office in conjunction with NYS Firearms Licensing procedures.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though said photocopy or facsimile copy does not contain the original writing of my signature. This waiver is valid for a period of ONE YEAR from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address provided on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address provided on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

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

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

