



CAYUGA COUNTY SHERIFF'S OFFICE

Law Enforcement Division

Cayuga County Public Safety Building 7445
County House Road
Auburn, New York 13021-8297
Phone: 315-253-1222
Fax: 315-253-3022

Brian P. Schenck
Sheriff

Wm. Steven Smith
Undersheriff

PISTOL LICENSING REQUIREMENTS AND INSTRUCTIONS

- **You must be at least 21 years of age** (You may be under 21 years of age if possess an Honorable Discharge from Military Service.)
- **You must be a resident of Cayuga County** for at least the last **6 months**.
- **You must have attended an approved handgun safety course within the previous three (3) years. A list of approved courses is attached.**

- Contact the Identification Office to schedule your appointment by calling (315)253-4148 or online at www.cayugasheriff.setmore.com .
- Please allow 45-60 minutes for your appointment.
- Bring the following to your interview:
 - ✓ **Completed application packet.**
 - **Ensure that NYS Application forms and other included documents are signed in front of a Notary.**
 - ✓ **Handgun Safety Certificate**
 - ✓ **TWO 2" x 2" photos** (Passport size) taken within 60 days of your appointment. These can be obtained anywhere passport photos are taken. Selfies are NOT acceptable.
 - ✓ **Current photo ID.** NYS Driver's License or NYS Non-Driver ID (if you do not possess a NYS Driver's License.) No other photo ID is acceptable.

 - ✓ **APPLICATION FEE of \$91.50 payable by certified bank check or money order made payable to Cayuga County Sheriff.**

 - ✓ **PROCESSING FEE** of \$10.00 payable in cash.

 - ✓ **Four (4) Completed reference forms which have been signed by the reference in front of a Notary.**

FAILURE TO BRING ANY OF THE ABOVE WILL REQUIRE RE-SCHEDULING YOUR APPOINTMENT.

If you are unable to keep your appointment, please call (315) 253-4148 to cancel or reschedule. Late arrivals will require re-scheduling for another date.

More detailed instructions for the application section follow. If you have any questions please feel free to call the office or email us at abacon@cayugacounty.us

Rev 01/2021

- **BLACK INK ONLY** if hand written.
- **Incomplete or Missing forms** will require you to re-schedule for a later date and return with the corrected forms/information.

PPB-3 NEW YORK STATE APPLICATION FORM Pages 3 and 4. **If you print this packet yourself, please print these two pages separately in DUPLEX (front & back) format. You need TWO original PPB-3's.**

- **DO NOT WRITE ABOVE the Federal Privacy Act Disclaimer** (shaded gray area). Office use only.
- **Complete the form to the best of your ability. Be as thorough as possible.**
- **In the “Reason for License” section, in your own words,** please state the reasons you are applying for a pistol permit.
- **YOUR FOUR CHARACTER REFERENCES MUST SIGN BOTH PPB-3 ORIGINALS.**
- **Both PPB-3 forms must be signed and notarized on the back in the Jurat box**
- **YOUR FOUR CHARACTER REFERENCES MUST COMPLETE A CHARACTER REFERENCE FORM AND SIGN THAT FORM IN FRONT OF A NOTARY**

Your Personal Character References:

- **MUST** be over the age of 21
- **MUST** be Cayuga County Residents you have known for a reasonable amount of time.
- **NO** Police Officers
- **NO** Relatives or In-laws
- **CANNOT** reside in your household.
(Questions on References please call (315) 253-4148 for clarification)
- Each of your four (4) character references **must sign** both PPB-3 forms in **BLACK INK**.

Arrests: Please complete to the best of your knowledge. We understand that there are only two spaces for arrests on this form, use an additional blank sheet of paper if necessary. **You must disclose any and all arrests** (except Violation Level Traffic Offenses) including DWI/DWAI/Driving While Impaired by Drugs or other forms of arrest for operating while intoxicated/impaired (boating, snowmobiling, ATV), juvenile arrests handled by Family Court, adjudicated as a Youthful Offender, charges that were dismissed and sealed arrests. Arrests can be in many different forms including summary arrests/warrant arrests (taken into custody), and arrest by appearance ticket or criminal summons directing you to appear in court at a specified date. Failure to disclose will most likely result in the denial of your application.

QUESTIONNAIRE and AFFIDAVIT Pages 7-10. Complete as thoroughly as possible. Some of this information has already been requested on the NYS application PPB-3, please include it here also.

INFORMATION RELEASES Pages 11-16.

Information Release: Complete Name, Date of Birth and SSN boxes **ONLY**

Health Information Release forms: There are **three different (3) forms**; State Mental Health, Cayuga County Mental Health and Cayuga Counseling services. Complete Name, DOB, SSN, and Address **ONLY**, (top section of the form).

PUBLIC RECORDS EXEMPTION FORM Page 17. Complete Name, DOB & Address **ONLY** (top section of the form). This form determines how your personal information is protected in the event of a FOIL (Freedom of Information) request.

PROPER CAUSE FOR UNRESTRICTED CARRY Page 19-20. This form is only required if you are requesting an unrestricted permit.

REQUEST TO CARRY WHILE AT PLACE OF EMPLOYMENT Page 21. This form is only required if you are requesting to carry your legally registered handgun while at work.

NYSID Number										PPB 3 (Rev. 06/17)										County of Issue										
License Number										STATE OF NEW YORK PISTOL /REVOLVER LICENSE APPLICATION										Code										
Date of Issue			Month			Day			Year											Expiration Date										Month

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

Last Name																											Suffix									
First Name															MI	Date of Birth – MM DD YYYY										NY Driver's License (or NY Non-Driver ID) No.										
Gender			Social Security						Race			Height ft in		Weight			Eyes			Hair			Citizen of U.S.A <input type="checkbox"/> YES <input type="checkbox"/> NO													

Physical Address (Street number, street name, apartment number, city, state, zip code)

Mailing Address (If different from physical address)

Primary Phone Number										Secondary Phone Number										Email Address									
----------------------	--	--	--	--	--	--	--	--	--	------------------------	--	--	--	--	--	--	--	--	--	---------------	--	--	--	--	--	--	--	--	--

Employed By										Present Occupation										Nature of Business									
-------------	--	--	--	--	--	--	--	--	--	--------------------	--	--	--	--	--	--	--	--	--	--------------------	--	--	--	--	--	--	--	--	--

Business Address (Street number, street name, apartment number, city, state, zip code)

I hereby apply for a Pistol / Revolver License to: (Check only one) Carry Concealed * Possess on Premises * Possess / Carry During Employment
 (*) Premise Address or Employer Name and Address must be provided below:

Employer Name (If Carry During Employment)										Address or Other Location (Street number, street name, apartment number, city, state, zip code)									
--	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--

A license is required for the following reasons:

Give four character references who by their signature attest to your good moral character.

Last, First, MI	Street Address, (Street number, street name, apartment number, city, state, zip code)	Signature

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)? YES NO
 If Yes, furnish the following information:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice? YES NO

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? YES NO

Are you an alien illegally or unlawfully in the United States? YES NO

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? YES NO

Have you been discharged from the Armed Forces under dishonorable conditions? YES NO

Have you ever renounced your United States citizenship? YES NO

Have you ever suffered any mental illness? YES NO

Have you ever been involuntarily committed to a mental health facility? YES NO

Have you ever had a pistol / revolver license revoked? YES NO

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act? YES NO

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs? YES NO

Are you aware of any good cause for the denial of the license? YES NO

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year? YES NO

If the answer to any of the questions above is YES, explain here:

For applicants under twenty-one years of age only:

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

YES NO

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.

NYSID Number												
License Number												
Date of Issue	Month	Day	Year									

PPB 3 (Rev. 06/17)

County of Issue			Code
Expiration Date	Month	Day	Year

STATE OF NEW YORK PISTOL /REVOLVER LICENSE APPLICATION

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

Last Name													Suffix	
First Name											MI	Date of Birth - MM DD YYYY		NY Driver's License (or NY Non-Driver ID) No.
Gender	Social Security		Race	Height ft	in	Weight	Eyes	Hair	Citizen of U.S.A		<input type="checkbox"/> YES <input type="checkbox"/> NO			

Physical Address (Street number, street name, apartment number, city, state, zip code)

Mailing Address (If different from physical address)

Primary Phone Number	Secondary Phone Number	Email Address
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Employed By	Present Occupation	Nature of Business
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Business Address (Street number, street name, apartment number, city, state, zip code)

I hereby apply for a Pistol / Revolver License to: (Check only one) Carry Concealed * Possess on Premises * Possess / Carry During Employment (*) Premise Address or Employer Name and Address must be provided below:

Employer Name (If Carry During Employment)	Address or Other Location (Street number, street name, apartment number, city, state, zip code)
--	---

A license is required for the following reasons:

Give four character references who by their signature attest to your good moral character.		
Last, First, MI	Street Address, (Street number, street name, apartment number, city, state, zip code)	Signature

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)? YES NO If Yes, furnish the following information:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

- Are you a fugitive from justice? YES NO
- Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802? YES NO
- Are you an alien illegally or unlawfully in the United States? YES NO
- Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)? YES NO
- Have you been discharged from the Armed Forces under dishonorable conditions? YES NO
- Have you ever renounced your United States citizenship? YES NO
- Have you ever suffered any mental illness? YES NO
- Have you ever been involuntarily committed to a mental health facility? YES NO
- Have you ever had a pistol / revolver license revoked? YES NO
- Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act? YES NO
- Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs? YES NO
- Are you aware of any good cause for the denial of the license? YES NO
- Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year? YES NO

If the answer to any of the questions above is YES, explain here:

For applicants under twenty-one years of age only:

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

YES NO

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:

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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.

Office of the Sheriff
County of Cayuga

PISTOL PERMIT APPLICANT QUESTIONNAIRE AND AFFIDAVIT

STATE OF NEW YORK)
COUNTY OF CAYUGA) ss:

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

Full Name _____

Date of Birth _____ Social Security # _____

Residential Address _____ Mailing Address (if different from residential) _____

County of Residence _____

Length of time: in County _____ Years _____ Months at Residence _____ Years _____ Months

Home Phone # _____ Cell Phone # _____

Driver's License # _____ State of Issue _____

Place of Birth (City/State) _____

Are you a citizen of the United States? Yes No If no, what is your citizenship? _____

Have you ever been known by any other name? Yes No

If yes, please state in full each name used or which you have at any time been known, and reasons for such name.

Do you claim any other address as your permanent legal address? Yes No

If yes, give other address: _____

Length of time at that address: _____ Years _____ Months

Do you file a New York State Income Tax Form? Yes No

If no, are you claimed as a dependent on anyone's Income Tax? Yes No

Marital Status: _____ Single _____ Married _____ Widowed _____ Separated _____ Divorced

If married/widowed, please state the date and place of marriage and name/maiden name of spouse:

If you are married and living apart, has your separation been the subject of legal proceedings? Yes No

If you have been previously married, state full name of your prior spouse(s) and the date and location where the marital status was terminated: (if additional space is required continue on reverse):

Have you ever been charged, petitioned against, or otherwise been a subject of a proceeding in Family Court?

Yes No If Yes, give full details (if additional space is required continue on reverse):

BEGINNING WITH YOUR CURRENT ADDRESS, list every permanent and temporary place where you have lived since age of 18. Please provide COMPLETE address and dates you lived there. If additional space is required, continue on reverse.

Example: 123 Main St, Anytown, NY 12345 from 10/2017 to 11/2019

Are you now or have you ever been a member of the Armed Forces of the United States, including National Guard or any of the reserve components? Yes (list below) No

Dates of Active Duty: _____

Branch of Service: _____

Date of Discharge: _____

As a member of the Armed Forces, have any charges or proceedings been instituted against you? Yes No

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

Have you ever received a medical discharge or administrative discharge for medical reason? Yes No

If yes to any of the above, please state the date, the nature of the charge, if any, the facts and disposition of the matter and the location and designation of the military establishment where such proceeding took place.

BEGINNING WITH YOUR CURRENT EMPLOYER, list all employers in the last 10 years where you have been employed, self-employed, or associated with any occupation, business, enterprise, or profession, either part-time or full-time? (ALL PERIODS OF TIME IN THE LAST TEN (10) YEARS PRIOR TO THE DATE OF FILING OF THIS APPLICATION MUST BE COVERED. If additional space is required, continue on reverse.

Employer's Name & Full Address	Nature of Business	Position & Reason for Leaving	From/To (month/year)

The following is a COMPLETE record of all instances in which you were arrested or taken into custody, to include being issued an appearance ticket or a court summons. YOU MUST INCLUDE ANY MISDEMEANOR OR FELONY TRAFFIC ARRESTS AND ANY ARRESTS FOR DWI, DWAI-DRUGS OR DWAI. HAVING BEEN ADJUDGED A YOUTHFUL OFFENDER DOES NOT EXCUSE "FULL DISCLOSURE" OF THE UNDERLYING ARREST. No statute, court order, or legal proceeding expunging the 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 existence of such matters shall excuse less than full disclosure. YOU MUST ANSWER THE QUESTIONS (ATTACHMENT OF LETTERS FROM LAW ENFORCEMENT AGENCIES IN LIEU OF AN ANSWER IS NOT ACCEPTABLE.) If additional space is required, continue on reverse.

Date of Arrest	Court	Nature of Charge	Disposition	Fine Amount \$

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(s), the date(s), the names of the Defendant(s), the nature of the action or proceeding(s), the Court(s) and the circumstances.

Some license applications require proof of good moral character, (for example: Restaurant and Bar Liquor Licenses, Retail Store Liquor Licenses, Real Estate Broker, Insurance Broker, Medical, Dental, Legal, Nursing Licenses, Banking, Nursing Home Operator Licenses.)

Please state every application made by you for a position, the procurement of which required proof of good character, which was DENIED. Include the name and address of the authority to whom it was addressed, date application was made, and the reasons for denial.

Have you ever held a license or certificate the procurement of which required a proof of good character and such license or certificate was revoked or suspended? Yes No

If yes, as to each such license or certificate, please state the date it was revoked or suspended and the name and address of the issuing and revoking authority.

Are you or have you ever been treated for dependency for drugs or alcohol? Yes No

If yes, please state the details, including dates.

Have you ever been declared legally incompetent? Yes No

If yes, please state the details, Court, date and Circumstances:

Have you ever received a diagnosis of any form of emotional disturbance, nervous or mental disorder? Yes No

If yes, please state the details, including dates.

Have you ever sought or received treatment, therapy or counseling for any form of emotional disturbance, nervous or mental disorder? Yes No

If yes, state the names and address of the psychologist, psychiatrists, or other medical practitioners who treated you.

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Instructions for the Use
of the HIPAA-compliant Authorization Form to
Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act (“HIPAA”) and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my court case” or provide a specific date amount of time, such as “3 years from this date”.

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: *INSERT PROVIDER NAME*

8. Name and address of person(s) or category of person to whom this information will be sent:
Cayuga County Court Judge, Cayuga County Sheriff's Office

9(a). Specific information to be released:

Medical Record from (insert date) _____ to (insert date) _____

Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: Summary of treatment History _____ Include: *(Indicate by Initialing)*

_____ **Alcohol/Drug Treatment**

_____ **Mental Health Information**

_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) By initialing here _____ I authorize _____
Initials Name of individual health care provider
to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: Pursuant to NYS Penal Law 400.00(4)	11. Date or event on which this authorization will expire: UPON RECEIPT OF DOCUMENTS
--	--

12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
--	---

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law. Date: _____

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
Cayuga County Mental Health

8. Name and address of person(s) or category of person to whom this information will be sent:
Cayuga County Court Judge, Cayuga County Sheriff's Office

9(a). Specific information to be released:

Medical Record from (insert date) _____ to (insert date) _____

Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: Summary of treatment History _____ Include: *(Indicate by Initialing)*

_____ **Alcohol/Drug Treatment**

_____ **Mental Health Information**

_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) By initialing here _____ I authorize _____

Initials Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: Pursuant to NYS Penal Law 400.00(4)	11. Date or event on which this authorization will expire: UPON RECEIPT OF DOCUMENTS
--	--

12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
--	---

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law. Date: _____

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:
Cayuga Counseling

8. Name and address of person(s) or category of person to whom this information will be sent:
Cayuga County Court Judge, Cayuga County Sheriff's Office

9(a). Specific information to be released:

Medical Record from (insert date) _____ to (insert date) _____

Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: Summary of treatment History _____ Include: *(Indicate by Initialing)*

_____ **Alcohol/Drug Treatment**

_____ **Mental Health Information**

_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) By initialing here _____ I authorize _____

Initials Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: Pursuant to NYS Penal Law 400.00(4)	11. Date or event on which this authorization will expire: UPON RECEIPT OF DOCUMENTS
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12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
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All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law. Date: _____

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: **an applicant** for a firearms license **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth _____

Address _____ aaaaaaaaaaaaaa _____

Firearms License # (if applicable) _____ Date Issued _____

Licensing Authority / County of Issuance or Application _____

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: *(check all that are applicable)*

1. My life or safety may be endangered by disclosure because:

- A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- B. I am a protected person under a currently valid order of protection;
- C. I am or was a witness in a criminal proceeding involving a criminal charge;
- D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: *(Must be explained in item 5 below)*

3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.

(Please check any that apply)

A _____ B _____ C _____ D _____

4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.

5. *(Please provide any additional supportive information as necessary)*

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature

Date

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“PROPER CAUSE” FOR A “CARRY CONCEALED” PISTOL LICENSE

If your application seeks what is popularly known as a “have and carry concealed” without limitation pistol license, the New York State Legislature authorizes the court to approve it only where it meets the “proper cause” standard. Our state’s highest court, the Court of Appeals, has ruled that the Legislature has expressed an “obvious regulatory purpose of the statute” in enacting the phrase “proper cause” which would be frustrated if courts did not apply it as it was meant to be applied. (O’Brien vs Keegan, 87NY2d436(1996). Appellate Court decisions binding upon the pistol licensing officer define “proper cause” for the issuance of a “have and carry concealed” without limitation pistol license as grounds which demonstrate “a special need for self-protection distinguishable from that of the general community or a persons engaged in the same profession. (Matter of Kaplan vs Braton, 249 AD2d 199 (1st. Dept. 1998).

Pistol license applicants should be aware that if you apply for a Pistol License for a particular purpose, then it will be limited to that purpose. Also, if you desire a license for self-protection, **you would be advised to apply for an on-premise license**. This is not a carry license and restricts the possession of the handgun to the dwelling or place of business listed in the application. No applicant will be issued an unrestricted carry permit unless he/she is able to demonstrate a special need for the issuance thereof. Self-protection is not a sufficient need for the issuance of a carry concealed license.

A statement of grounds which meets the test of “proper cause”, i.e. “a special need for self-protection distinguishable from that of the general community or of persons engaged in the same profession”, is necessary, in order for the licensing officer to apply the law as enacted by the Legislature and interpreted by the higher Courts. As there is limited space available on the application form for a statement of “proper cause”, an “Optional Statement” form has been provided with this application, should you wish to supplement your application beyond the form.

Please understand that a court acting as a licensing officer is duty bound to follow the law. Should you disagree with the “proper cause” requirement, and feel, as many citizens do, that any law abiding citizen has the right to the issuance of a full carry pistol license without making a “proper cause” showing, then you are encouraged to contact your state legislature and urge the repeal of the “proper cause” requirements.

OFFICE OF THE SHERIFF – CAYUGA COUNTY
NEW YORK STATE PISTOL PERMIT LICENSE APPLICATION
PROPER CAUSE FOR UNRESTRICTED CARRY

I, _____,

Date OF Birth _____, having applied for a New State Pistol Permit in Cayuga County, N.Y., am requesting that the permit grant me permission to carry unrestricted based on the following (state reason requesting unrestricted carry, another page may be used for further information if needed):

NOTICE
(PENAL LAW SECTION 210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the State of New York punishable as a Class "A" Misdemeanor.

Signature: _____

Date: _____

ADDITIONAL INFORMATION REQUIRED
FOR FULL CARRY REQUEST

IF SEEKING A FULL CARRY PERMIT BASED UPON BEING SELF-EMPLOYED OR BEING A LANDLORD, THEN A DBA AND/OR MOST RECENT TAX RETURNS ARE REQUIRED TO BE SUBMITTED WITH THE PROPER CAUSE STATEMENT WHICH EVIDENCE THE SAME.

IF AN APPLICANT IS REQUIRED TO WORK OUT OF TOWN, WITH OR WITHOUT A COMPANY VEHICLE, THEN A SWORN STATEMENT FROM APPLICANT=S EMPLOYER IS REQUIRED ATTESTING TO THE SAME, INCLUDING AUTHORIZATION FROM THE EMPLOYER TO CARRY A FIREARM DURING HOURS OF EMPLOYMENT.

IF AN APPLICANT STATES THAT THEY MAKE DEPOSITS FOR THEIR EMPLOYER, HE/SHE MUST PROVIDE A SWORN STATEMENT FROM THEIR EMPLOYER ATTESTING TO THE SAME, INCLUDING AUTHORIZATION THAT THE APPLICANT IS ALLOWED TO CARRY A FIREARM DURING HOURS OF EMPLOYMENT.

*****FAILURE TO PROVIDE REQUIRED DOCUMENTATION WILL RESULT**
IN A DECLINATION OF A FULL CARRY PERMIT. NO EXCEPTIONS! ***

WHAT DOES ARREST MEAN?

Your pistol permit application specifically states: “Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?”

You must state all arrests regardless of whether or not you were convicted. Sealed charges must also be listed.

What does arrest mean?

- You were given an appearance ticket by a police officer to appear before a judge for anything from a town/village ordinance on up to a felony.
- You were handcuffed and taken to jail.
- You were fingerprinted and photographed for a criminal matter of DWI by the police.
- A warrant for an arrest was issued for you and you either were directed to turn yourself into a police department or appear before a judge.
- You were directed by a police officer to appear before a judge.

Any omission of fact or any false statement will be sufficient cause to **deny this application** and constitutes a crime punishable by fine, imprisonment or both.

If you appeared in Court, you must disclose an official disposition from the Court(s) with your application. We need to know the final outcome of your case(s).

Even if the Court no longer has record of the outcome of your case(s) because it is a very old case(s) or they have destroyed the record or your case(s) were sealed; you still have a criminal record and all New York State Police Departments have full access to this information, even if it was an out-of-state arrest. The term “sealed record” means that at the time of your last court appearance it was the Judge’s decision to seal the case so only authorized persons can view the outcome. Most courts and police departments will not give you this information. It will appear as “no record” when you request a criminal record check at a police department or request dispositions from the courts. This does not mean that you were not arrested or that you don’t have a criminal record.

You must state all arrests even if you do not remember the dates or dispositions, even if you have had multiple arrests over several years. If you appeared before the Judge, you must state it.

AUTOMATIC PISTOL LICENSE DISQUALIFIERS PURSUANT TO NEW YORK STATE LAW

License applications will automatically be disapproved for the following reasons:

1. Failing to indicate on the application that the applicant has been confined to any hospital or institution, public or private for mental illness.
2. Being convicted anywhere of a felony or serious offense.

SERIOUS OFFENSES, AS DEFINED BY §265.00 (17) OF THE NYS PENAL LAW, ARE AS FOLLOWS:

PRESENT PENAL LAW §250(53(1)(2)(2)) (16(1)-855,6,8,21

§171.687((66(17,8/(0(1762)\$2)7@2//2:,12)))(16(6

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any misdemeanor offense in any jurisdiction or in the former penal law that includes all of the essential elements of the above listed offenses

3. Having had a license revoked or being under a suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the Criminal Procedure Law (Mandatory and permissive suspension of firearms license and issuance of temporary order of protection by the courts pursuant to subdivision one of section 530.12 or subdivision one of section 530.13) or section 842(a) of the Family Court Act (court order of protection).
4. Having been involuntarily committed to a facility under the jurisdiction of an office of the Department of Mental Hygiene pursuant to article nine or fifteen of the Mental Hygiene Law, article seven hundred thirty or section 330.20 of the Criminal Procedure Law, section four hundred two or five hundred eight of the Correction Law, section 322.2 or 353.4 of the Family Court Act, or having been civilly confined in a secure treatment facility pursuant to article ten of the Mental Hygiene Law.
5. Having had a guardian appointed 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, an individual lacks the mental capacity to contract or manage his or her own affairs.

AUTOMATIC PISTOL LICENSE DISQUALIFIERS PURSUANT TO FEDERAL LAW

1. Being convicted of a misdemeanor crime of domestic violence.
2. Being a fugitive from justice.
3. Being an unlawful user of or addicted to any controlled substance.
4. Being an alien who is illegally or unlawfully in the United States.
5. Having been discharged from the Armed Forces under dishonorable conditions.
6. Being an individual who, having been a citizen of the United States, has renounced his citizenship.
7. 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
 - (C)
 - (i) Includes a finding that such 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.

DOMESTIC VIOLENCE

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.

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CAYUGA COUNTY SHERIFF'S OFFICE

Law Enforcement Division

Cayuga County Public Safety Building
7445 County House Road
Auburn, New York 13021-8297
Phone: 315-253-1222
Fax: 315-253-3022

Brian P. Schenck
Sheriff

Wm. Steven Smith
Undersheriff

CHARACTER REFERENCE FORM

Instructions: You have signed as a Character Reference for the New York State Pistol Permit Applicant noted below. Please complete, notarize, sign and return this form to our office within 30 days.

I, _____, depose and state that I am aware that the following questions are asked in connection with the background investigation of _____ application for the New York State Pistol Permit. I promise to answer each question to the best of my ability.

--- PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY, PRINT OR TYPE ALL BUT THE SIGNATURE ---

1. What is your present address? _____
2. Date of Birth? _____ Place of Birth? _____
3. Name and address of employer? _____
4. How long have you known the applicant? _____
5. By what other name(s) has the applicant been known? _____
6. Where does the applicant reside? _____
7. What is the applicant's business of occupation? _____
8. Are you related to the applicant? _____
9. Are you a resident of, or have you ever been a resident of, the applicant's household? _____
10. Will you attest to the applicant's honesty, sobriety, integrity, and peacefulness? _____
11. Would you, without reservation, recommend the applicant for a pistol permit? _____
12. Is the applicant of good moral character? _____

If you answered "YES" to questions #8 or #9, or, if you answered "NO" to questions #10, #11, or #12, please provide an explanation under "Additional Information of Comments" below.

ADDITIONAL INFORMATION OF COMMENTS: _____

THE FACTS CONTAINED HEREIN ARE TRUE AND CORRECT. I UNDERSTAND THAT MAKING A FALSE WRITTEN STATEMENT IS PUNISHABLE AS A CLASS A MISDEAMEANOR PURSUANT TO SECTON 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

DATED: _____ **SIGNATURE:** _____

Subscribed and Sworn
Before me on
_____ day of _____ 20____

Notary Public

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4. How long have you known the applicant? _____
5. By what other name(s) has the applicant been known? _____
6. Where does the applicant reside? _____
7. What is the applicant's business of occupation? _____
8. Are you related to the applicant? _____
9. Are you a resident of, or have you ever been a resident of, the applicant's household? _____
10. Will you attest to the applicant's honesty, sobriety, integrity, and peacefulness? _____
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1. What is your present address? _____
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4. How long have you known the applicant? _____
5. By what other name(s) has the applicant been known? _____
6. Where does the applicant reside? _____
7. What is the applicant's business of occupation? _____
8. Are you related to the applicant? _____
9. Are you a resident of, or have you ever been a resident of, the applicant's household? _____
10. Will you attest to the applicant's honesty, sobriety, integrity, and peacefulness? _____
11. Would you, without reservation, recommend the applicant for a pistol permit? _____
12. Is the applicant of good moral character? _____

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BASIC HANDGUN SAFETY COURSE

Handgun safety is a primary concern of the Sheriff's Office in screening prospective applicants and a handgun safety course is **required prior to application processing**. **ONLY** a certificate issued by any of the Certified Instructors listed below will be accepted.

- Chauncey Bennett dba CCB Training
 - 607-345-0054
 - chauncey37@hotmail.com
- CNY Police Academy (OCC)
 - 315-498-6046
 - www.sunyocc.edu
- Kevin Dix
 - 315-695-1209 or 315-592-8724
- Steve Townsend
 - 315-469-7249 or 315374-3676
- Matt Mallory
 - 315-849-2886 or 315567-4573
 - www.PSandEd.com
- Ricardo Riostirado
 - 315-804-6953 or 315-532-4573
 - osr@yahoo.com
- Buck Stephens
 - 800-506-6994
 - info@defenseinstructors.com
- Stephen Morgan
 - 607-351-8666
 - nyst5005@twcny.rr.com
 - www.patriotfirearmtraining.com
- David Jenkins
 - 585-749-7650
 - daveje@safeinrochester.com
 - www.safeinrochester.com

**NO ONLINE OR VIRTUAL TRAINING COURSES
WILL BE ACCEPTED!**