

# Instructions for Transfer In/Out of Pistol License

According to the Issuing Officer, a licensee must have a residence in the issuing county. If they do not, they must transfer their pistol license to the county of their current residence.

Licensee must make the request to the issuing county for their records to be transferred to their current county of residence.

Licensee completes the following forms:

1. Application for transfer of Pistol License
2. Confidential Data for Transfer of Pistol License
3. National Instant Background Check Certification
4. Authorization for Release of Information

The fee for transferring is \$5.00

Please make checks payable to the St. Lawrence County Clerk

## **Transferring a Pistol License out of St. Lawrence County**

**To transfer your pistol license out of St. Lawrence County, first contact the new County for any restrictions they may have. The Transfer Out Forms should be completed and then returned to our office either in person or by mail to St. Lawrence County Clerk's Office at 48 Court Street, Canton, NY 13617. A \$5.00 check made payable to the St. Lawrence County Clerk must be included with your Transfer Request forms. You may then contact the new County on how to proceed**

## **Transferring a Pistol License into St. Lawrence County**

**To transfer your pistol license into St. Lawrence County, please check with your current County for any forms or other information needed to start the process with them. The Transfer in Forms should be completed and returned to our Office.**

*If you have further questions, please contact us at (315)379-2237. Our office hours are 8-4 Monday through Friday. For more information or FAQ, please visit our website <https://stlawco.org/Departments/CountyClerk/PistolPermits>.*

**St Lawrence County Clerk's Office**  
**Pistol License Section**  
**48 Court Street**  
**Canton, NY 13617**  
**Phone: (315) 379-2237**  
**Fax (315)379-2302**

**Application for Transfer of Pistol License**

I, \_\_\_\_\_ hereby certify that I now reside at:

\_\_\_\_\_ and hereby apply to the  
County Court of St. Lawrence County for a transfer of my pistol license records  
concerning the following weapons:

| MAKE | MODEL | CALIBER | SERIAL# | TYPE |
|------|-------|---------|---------|------|
| MAKE | MODEL | CALIBER | SERIAL# | TYPE |
| MAKE | MODEL | CALIBER | SERIAL# | TYPE |
| MAKE | MODEL | CALIBER | SERIAL# | TYPE |
| MAKE | MODEL | CALIBER | SERIAL# | TYPE |

To the appropriate office in the county of \_\_\_\_\_.

I further certify that I have not been arrested, indicted, or convicted of any criminal offense since the original license was issued.

Dated: \_\_\_\_\_

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

**OFFICE INFORMATION:**

Pistol License Number: \_\_\_\_\_, St Lawrence County

Date of Issuance: \_\_\_\_\_

Transfer License Number: \_\_\_\_\_, \_\_\_\_\_ County

Date of Issuance: \_\_\_\_\_

\_\_\_\_\_  
Honorable Gregory P. Storie,  
County Court Judge

cc: New York State Police, Albany New York

# St Lawrence County Clerk

## Pistol License Office

48 Court Street

Canton, NY 13617

Phone: (315) 379-2237

Fax: (315) 379-2302

### Confidential Data on Transfer of Pistol License

Name of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Height (Inches): \_\_\_\_\_ Weight: \_\_\_\_\_

Has your pistol license ever been revoked or canceled? \_\_\_\_\_

Do you have the semi-automatic rifle endorsement? \_\_\_\_\_

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

Signature: \_\_\_\_\_

# NATIONAL INSTANT CRIMINAL BACKGROUND CHECK CERTIFICATION APPLICATION

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The Brady Handgun Violence Protection Act, enacted into law November 30, 1993, which amends the Gun Control Act of 1968, specifies categories of persons who are prohibited from possessing firearms. Relative to this act, please answer the following questions:

PISTOL PERMIT#: \_\_\_\_\_ DATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

NAME: \_\_\_\_\_  
                                Last  First  Middle Name  Suffix

MAIDEN NAME / ALIASES: \_\_\_\_\_

911 ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

GENDER: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

RACE: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

CITY, STATE, & COUNTRY

MILITARY SERVICE: \_\_\_\_\_ never served \_\_\_\_\_ currently serving  
  \_\_\_\_\_ honorably discharged \_\_\_\_\_ dishonorably discharged

1. Have you ever been convicted of a misdemeanor crime of domestic violence? \_\_\_\_\_

If yes, are you the subject of a presently existing Order of Protection? \_\_\_\_\_

2. Are you under Indictment for or have been convicted of a felony? \_\_\_\_\_

3. Are you a fugitive from justice? \_\_\_\_\_

4. Have you been adjudicated as a mental defective or been committed to a mental institution?  
\_\_\_\_\_

5. Are you an illegal user of, or addicted to any controlled substances? \_\_\_\_\_

6. Are you an alien currently residing illegally in the United States? \_\_\_\_\_

7. Are you a US Citizen? \_\_\_\_\_ Have you renounced your American Citizenship? \_\_\_\_\_

If you answered yes to any of the above questions, please provide an explanation including the date, the Court, and the State of any convictions or Order of Protections in the space provided below:

\_\_\_\_\_

\_\_\_\_\_

Affirmed under the penalty of perjury this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

# **AUTHORIZATION FOR RELEASE OF INFORMATION**

**To: Any Local, State or Federal Law Enforcement Agency; Any State, County or Municipal Bureau or Vital Statistics Office; Any Hospital, Health Agency, Physician, Physician's Assistant or Laboratory; All Canadian Law Enforcement Agencies; Other \_\_\_\_\_**

I am applying for a New York State Pistol license/Semi-Automatic Rifle license in \_\_\_\_\_ County.

**-OR-**

I request my New York State Pistol License in \_\_\_\_\_ County be transferred to \_\_\_\_\_ County.

I am aware that my background will be thoroughly investigated, and I hereby authorize and request the release of any and all information you have that concerns me to a representative of the New York State Police and/or a representative of the county court system which is processing my pistol license. This authorization, or reproduction thereof, shall be valid for a period of one year from the date of execution of this document. This information may consist of interviews, treatment records, behavioral health/psychiatric treatment records, drug and alcohol treatment records, and/or general records retained during the course of your business.

Full Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness' Name

\_\_\_\_\_

Witness' Signature

\_\_\_\_\_

Date of Signing

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

Address