



**ST. LAWRENCE COUNTY  
OFFICE OF THE COUNTY CLERK**

48 Court Street, County Courthouse  
Canton, New York 13617-1198  
Telephone (315) 379-2237 Fax (315) 379-2302

**Sandra W. Santamoor**  
St. Lawrence County Clerk  
**Melissa Friedel**  
St. Lawrence Deputy County Clerk  
**Lisa Woodard**  
St. Lawrence Deputy County Clerk

March 2025

Dear Pistol License Applicant:

The St. Lawrence County Clerk's Office is the lead administrative agency that provides a pass through for pistol license applications as they make their way through the authorization process. Due to the number of agencies involved and the tasks required, according to state and federal law, the processing of a pistol license application can take up to 12 months.

The County Clerk's Office facilitates the transfer of the pistol license application to the appropriate police agency. Law Enforcement will conduct a thorough investigation, interview references, and receive comment from the State Department of Mental Hygiene and the State Department of Criminal Justice Services. Thereafter, a recommendation is made to the Court for approval or denial.

Once the County Clerk's Office receives the pistol license application from the Law Enforcement agency, it is forwarded to a St. Lawrence County Court Judge who will then make a final decision on the application. Applicants will receive notice of approval from our office. Upon denial you will receive notice by mail from the Judge.

Please be advised:

- If anything changes at any point during the process, including an address change, you must inform our office.
- The St. Lawrence County Clerk's Office has no authority or decision making in this process but acts as an agent on behalf of the licensing officer.

Please visit [www.stlawco.org/Departments/CountyClerk/PistolPermits](http://www.stlawco.org/Departments/CountyClerk/PistolPermits) for more information.

Sincerely,

*Sandra Santamoor*

Sandra Santamoor  
St. Lawrence County Clerk

# ST. LAWRENCE COUNTY PISTOL LICENSE APPLICATION REQUIREMENTS, INSTRUCTIONS & ADDITIONAL INFORMATION

## Requirements:

- An applicant must be at least 21 years of age to apply for a pistol permit.
  - Can be at least 18 years of age if you have been honorably discharged from the US Army, Navy, Marine Corps, Air Force, Coast Guard, or the NYS National Guard.
- Must be a resident of St. Lawrence County at the time of application.
- Have never been convicted of a felony, serious offense, or other specified violation, or the subject of designated restraining orders related to domestic problem.

## Instructions:

### 1. Complete both the application and all enclosed forms.

- Print legibly in **black ink**.
- Fill out both copies of the Pistol/Revolver License Applications. We cannot accept copies, both pages must be an original.
  - **NOTE:** your references **MUST** sign both copies of the application, again no copies.
  - **NOTE:** all four references are required to live in St. Lawrence County.
- DO NOT SIGN the application until you are in front of a Notary. Notaries are available in our office.
- Fill out the Character Reference sheet (w/same references that are on applications).
- Fill out the Investigating Police Agency form.
- Fill out the Authorization for Release of Information form.
- Fill out the National Instant Criminal Background Check Certification form.
- Fill out the Gun Storage Acknowledgment.
- OPTIONAL: Fill out Request for Public Records Exemption form.
- If seeking **concealed carry license**, there is an **18 hour training course that will be required. Certificate of completion of this course needs to be included w/your application.**  
If seeking **possession on premises** there is no training course required.

### 2. Submit your completed application in person to the St. Lawrence County Clerk's Office.

You will need to bring:

- Completed application packet with original documents - copies will **NOT** be accepted.
- \$88.25 (cash, check, or credit card) payable to the St. Lawrence County Clerk – this is the cost for fingerprints. Debit/credit cards are accepted, there will be an additional \$3.00 convenience fee. All fees are nonrefundable.
- Two identical photos are required for your application, two square inches of the full face only (passport size) which have been taken within the last 30 days. Photos are available in our office for an additional \$8.00.
- A valid form of photo ID, including Driver's License or Non-Driver ID.

At this point, the St. Lawrence County Clerk's Office will take your application, your photo, obtain your electronic signature and your thumbprint for the permit.

- ### 3. Obtain fingerprints from the St Lawrence County Sheriff's Office.
- Once you have submitted your application to the St. Lawrence County Clerk's Office, you can take your receipt of payment for prints and go right to the Sheriff's office. **You cannot have your fingerprints taken before submitting your completed application to this office.**

## **ADDITIONAL INFORMATION**

Once the St. Lawrence County Clerk's Office receives the paperwork from the Sheriff's office regarding your fingerprints, the investigation process will then begin. This process could take up to a year; if not longer before a license is granted.

Per the Conceal Carry Improvement Act, effective 9/01/2022 all carry conceal pistol applications will be required to have an in-person interview with a County Court Judge, the Licensing Officer.

Upon approval of your license, you are not required to buy or own a firearm and your license will not expire even if you never place a firearm on it.

### **WHAT DOES ARREST MEAN?**

Your pistol license application asks: "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.

Per the Conceal Carry Improvement Act, effective 09/01/2022, a number of additional convictions will be considered disqualifying offenses including misdemeanor DWI, Assault 3 and Menacing.

#### **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 up to a felony.
- You were handcuffed and taken to jail.
- You were fingerprinted and photographed for a criminal matter or DWI by the police.
- A warrant for an arrest was issued for you and you 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 MAY RESULT IN DENIAL OF THIS APPLICATION, OR LATER REVOCATION OF YOUR LICENSE AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.**

If you appeared in Court, you must provide 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 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 person 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 do not 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.

*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>.*

## State of New York

### Pistol/Revolver License Application Semi-Automatic Rifle License Application

**THIS SECTION TO BE COMPLETED BY LICENSING OFFICE**

NYSID #	License #	County of Issue
Date of Issue	Expiration Date (If Applicable)	

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

**Personal Information**

Last Name		First Name		Middle Name	Suffix
Street Name (Physical Address)			Apt #	City	State Zip
Mailing Address (If Different than Physical)			Apt #	City	State Zip
Sex:	DOB:	Height: ft in	Weight:	Hair:	Eyes:
Social Security Number:		Ethnicity:		Race:	Citizen of U.S.
Driver's License # (or Non-Driver ID)		License State	Primary Phone #	Secondary Phone #	Email Address
Employed By		Current Occupation		Nature of Business	
Business Address			Apt #	City	State Zip
I hereby apply for a Pistol/Revolver License to: (Check only one)      Carry Concealed      *Possess on Premises      *Possess/Carry During Employment (*) Premise Address or Employer Name and Address must be provided below:					
Employer Name (If Carry During Employment)		Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)			
I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No)      Yes      No					
Give four character references who by their signature attest to your good moral character					
Last, First, MI		Street Address (Street #, Name, Apartment #, City, State, Zip Code)		Signature	

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

**Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**

**CURRENT MARRIAGE OR RELATIONSHIP**

What is the Applicant's current relationship status?

If applicable, provide the requested information regarding the Applicant's current relationship below.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Do minors reside within the residence?      Yes                  No                  If, yes:                  Part Time                  Full Time

**ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN**

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

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

**State of New York**  
**Pistol/Revolver License Application**  
**Semi-Automatic Rifle License Application**

**Photograph  
Of Applicant  
Taken Within 30 Days**

\_\_\_\_\_

**Full Face Only**

**Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:**

1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

**Jurat:  
Signed and sworn to me before**

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

at \_\_\_\_\_, New York

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

\_\_\_\_\_  
Signature of Officer Administering Oath

\_\_\_\_\_  
Title of Officer

**APPLICATION NOT VALID UNLESS SWORN**

**Fingerprints submitted electronically by:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_

Date Submitted \_\_\_\_\_

**Investigation Report – All information provided by this applicant has been verified:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_

\_\_\_\_\_  
Signature of Investigating Officer

This application is  Approved  Disapproved  The following restriction(s) is (are) applicable to this license:

\_\_\_\_\_  
Title and Signature of Licensing Officer

\_\_\_\_\_  
The following restriction(s) is (are) applicable to this license:

**If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:**

**\*\*\*List handguns only, do not list semi-automatic rifles.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of

**Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.**

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

# State of New York

## Pistol/Revolver License Application Semi-Automatic Rifle License Application

### THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	Expiration Date (If Applicable)	

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

### Personal Information

Last Name		First Name		Middle Name	Suffix
Street Name (Physical Address)			Apt #	City	State Zip
Mailing Address (If Different than Physical)			Apt #	City	State Zip
Sex:	DOB:	Height: ft in	Weight:	Hair:	Eyes:
Social Security Number:		Ethnicity:		Race:	Citizen of U.S.
Driver's License # (or Non-Driver ID)		License State	Primary Phone #	Secondary Phone #	Email Address
Employed By	Current Occupation		Nature of Business		
Business Address			Apt #	City	State Zip

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

Employer Name (If Carry During Employment)	Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)

I hereby apply for a Semi-Automatic Rifle License: (Check Yes or No)      Yes      No

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

Last, First, MI	Street Address (Street #, Name, Apartment #, City, State, Zip Code)	Signature



**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

**Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**

**CURRENT MARRIAGE OR RELATIONSHIP**

What is the Applicant's current relationship status?

If applicable, provide the requested information regarding the Applicant's current relationship below.

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Do minors reside within the residence?      Yes                  No                  If, yes:                  Part Time                  Full Time

**ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN**

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

Last Name	First Name	M.I.	Maiden Name (If Applicable)	DOB
Phone Number				

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

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

**State of New York**  
**Pistol/Revolver License Application**  
**Semi-Automatic Rifle License Application**

**Photograph  
 Of Applicant  
 Taken Within 30 Days**

\_\_\_\_\_

**Full Face Only**

**Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:**

1. No license issued as a result of this application is valid in the City of New York.
2. Any pistol/revolver license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

**Jurat:**  
**Signed and sworn to me before**

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

at \_\_\_\_\_, New York

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

\_\_\_\_\_  
 Signature of Officer Administering Oath

\_\_\_\_\_  
 Title of Officer

**APPLICATION NOT VALID UNLESS SWORN**

**Fingerprints submitted electronically by:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_

Date Submitted \_\_\_\_\_

**Investigation Report – All information provided by this applicant has been verified:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_

\_\_\_\_\_  
 Signature of Investigating Officer

**This application is**      **Approved**      **Disapproved**      **The following restriction(s) is (are) applicable to this license:**

\_\_\_\_\_  
 Title and Signature of Licensing Officer

\_\_\_\_\_

**If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:**

**\*\*\*List handguns only, do not list semi-automatic rifles.**

Manufacturer	Pistol/Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property of

**Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.**

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

# St Lawrence County Clerk's Office

Pistol License Section  
48 Court Street  
Canton, NY 13617

*Please Print*

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

Address \_\_\_\_\_

Maiden (if applicable) \_\_\_\_\_

Previous Married Names (if applicable) \_\_\_\_\_

Previous Addresses \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

## Character Reference Information

(NO Family members or relatives AND live within St Lawrence County)

Name	Address	Occupation	Phone #
_____	_____	_____	Day _____ Eve _____
_____	_____	_____	Day _____ Eve _____
_____	_____	_____	Day _____ Eve _____
_____	_____	_____	Day _____ Eve _____

# INVESTIGATING POLICE AGENCY

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## NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE AUTHORIZATION FOR RECORD CHECK

Relative to: a Pistol/Semi-Automatic or Gun Dealer/Smith  
Application/Renewal

\_\_\_\_\_  
Date

I, \_\_\_\_\_ currently  
residing at

\_\_\_\_\_ \*

do hereby authorize the State of New York Department of Mental Hygiene at 44 Holland Avenue, Albany NY 12229 to permit the authorized police agency to receive a statement showing the dates and places of inpatient hospitalization, which I may have received in a facility, operated by that facility.

\_\_\_\_\_  
Full Signature

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

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Social Security Number

\*Please insert your complete address including the zip code

**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

# NATIONAL INSTANT CRIMINAL BACKGROUND CHECK CERTIFICATION APPLICATION

The Brady Handgun Violence Protection Act, enacted into law November 30<sup>th</sup> 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 LICENSE#: \_\_\_\_\_ DATE ISSUED: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

Last

First

MI

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

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_

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

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. Have you renounced your American Citizenship? \_\_\_\_\_

8. Have you been dishonorably discharged from the Armed Forces? \_\_\_\_\_

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



**ST. LAWRENCE COUNTY  
OFFICE OF THE COUNTY CLERK**

48 Court Street, County Courthouse  
Canton, New York 13617-1198  
Telephone (315) 379-2237 Fax (315) 379-2302

**Sandra W. Santamoore**  
St. Lawrence County Clerk  
**Melissa Friedel**  
St. Lawrence Deputy County Clerk  
**Lisa Woodard**  
St. Lawrence Deputy County Clerk

**GUN STORAGE**

**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 OF THE VEHICLE.**

I acknowledge that I have received a copy of this notice as required by Penal Code §400.00(18).

Print Name: \_\_\_\_\_

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

Sworn to before me on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Notary Signature



# 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Firearms License # (if applicable) \_\_\_\_\_ Date Issued \_\_\_\_\_

Licensing Authority / County of Issuance or Application \_\_\_\_\_

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**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