



**Juan Figueroa**  
Sheriff

**Eric V. Benjamin**  
Undersheriff

OFFICE OF THE  
***SHERIFF***  
**ULSTER COUNTY**

Ulster County Law Enforcement Center  
380 Boulevard, Kingston, NY 12401  
[www.co.ulster.ny.us/sheriff](http://www.co.ulster.ny.us/sheriff)

**Vincent V. Altieri**  
Captain /Criminal Division

**Evelyn P. Mallard**  
Superintendent / Corrections Division

**Jarrid E. Blades**  
Chief Civil Administrator

Area Code 845

Administration	340-3802
Criminal Division	338-3640
Corrections Division	340-3644
Civil Division	340-3643
Pistol Permits	340-3639
Crime Tips Hotline	340-3599

**PLEASE READ ALL INSTRUCTIONS CAREFULLY**

- Applications will not be accepted unless all requirements are complete.
- Fingerprints and character references must be dated within six months prior to submission.
- You must be 21 years of age to apply.

**State of New York Application Form (PPB-3):**

- Use **Black** ink only.
- Begin the application below the line noted: “Personal Information”.
- Each character reference must enter their name, address, and signature on the application.
- You must include all dispositions for any past arrests.
- Photographs must be taken at the Sheriff’s Office. The fee is \$10.00.

***\*Notaries: Please do not place your stamp above the applicant’s signature on the application.***

**Fingerprints:**

- Fingerprinting is done electronically at a NYS contracted facility. Please see enclosed instructions to schedule an appointment.

**Character References:**

- Each reference listed on the State of New York Application must also complete a separate reference form, have it notarized, and return it to you for submission with your completed application.

**Safety Course (Carry Concealed Applications Only):**

- A 16-hour classroom and 2-hour live-fire firearm safety training course provided by a duly authorized instructor, as defined in New York Penal Law §265.00(19). A list of instructors is included in this packet. You are not required to pick one from this list.

**Applications are accepted between the hours of 9 am – 4:30 pm, Monday through Friday - in person only.**

**If you have any questions regarding the application process, please call (845) 340-4237, or (845) 340- 3639. You can also email [mdon@co.ulster.ny.us](mailto:mdon@co.ulster.ny.us).**





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## **NOTICE TO ALL APPLICANTS**

1. Be careful answering the question, “Have you ever been arrested, summoned, charged, or indicted anywhere for any offense, including DWI (except traffic infractions)”.

If you have ever been arrested, you must answer “yes”. This includes charges that have been dismissed or sealed.

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

2. Character references can be any citizen of the USA 18 years or older. This includes members of law enforcement and family members. They are not required to be a resident of Ulster County, or New York State.
3. Under the Safe Act **you are required to recertify your pistol license with the NYS Police.** If you are granted a **concealed carry license**, you are now required to submit your recertification to the New York State Police **every 3 years**. A premises license must be recertified every 5 years. You can recertify online:  
<https://firearms.troopers.ny.gov/pprecert/welcome.faces>, or by mail.

**PLEASE HAVE ALL YOUR FORMS**  
**COMPLETELY FILLED OUT BEFORE**  
**SUBMITTING YOUR APPLICATION**



# State of New York

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

### THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	Expiration Date	

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

### Personal Information

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

**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				

**Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED****LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS**


**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 sealed arrests 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?

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?

Are you an alien illegally or unlawfully in the United States?

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?

Have you been discharged from the Armed Forces under dishonorable conditions?

Have you ever renounced your United States citizenship?

Have you ever suffered any mental illness?

Have you ever been involuntarily committed to a mental health facility?

Have you ever had a pistol / revolver / semi-automatic rifle license revoked?

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?

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?

Have you been convicted of Assault 3rd, Misdemeanor DWI, or Menacing 3rd within the previous five years?

**\*THIS QUESTION ONLY APPLIES TO CARRY CONCEALED**

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?

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?

# State of New York

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

**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 Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.



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Crime Tips Hotline	340-3599

## **FINGERPRINTING INSTRUCTIONS**

All pistol license application fingerprints are done electronically through Identogo. They have offices in Kingston, Poughkeepsie, Middletown, New Paltz, Newburgh, Liberty, Prattsville, and West Coxsackie.

To schedule an appointment call Identogo toll free at: (877) 472-6915. Appointment scheduling via the call center is available from 9:00AM – 9:00PM, Monday through Saturday. You can also schedule your appointment online at: <https://www.identogo.com>. You will be asked for the Agency ID number for the Ulster County Sheriff's Office: **NY0550000**, as well as our Service Code: **155Z98**.

You must bring at least one appropriate form of photo ID with you when you go to your appointment. When you schedule your appointment, you will be told what forms of ID are considered acceptable.

The Fingerprinting fee is \$102.00. You must pay by check or with credit card at the time of your appointment. Cash is not accepted.





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**CHARACTER REFERENCE**

On the Pistol/Revolver and/or Semi-Automatic License Application of \_\_\_\_\_  
your name appears as a character reference. Please supply the following information and return the  
notarized form to the applicant.

1. How long have you known the applicant? \_\_\_\_\_
2. Is the applicant related to you? \_\_\_\_\_
3. To your knowledge, has the applicant ever engaged in any illegal activity? \_\_\_\_\_
4. To your knowledge, has the applicant ever been arrested? \_\_\_\_\_
5. To your knowledge, has the applicant ever been treated for mental illness? \_\_\_\_\_
6. What is the applicant's reputation in the community? \_\_\_\_\_
7. Does the applicant associate with persons of questionable character? \_\_\_\_\_
8. Do you believe the applicant has a need for a pistol license? If yes, why? \_\_\_\_\_  
\_\_\_\_\_
9. Do you believe the applicant is a person of good moral character? \_\_\_\_\_
10. In your opinion, does the applicant legally reside in Ulster County? \_\_\_\_\_

**REMARKS:**

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

Name (printed): \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Business phone #: \_\_\_\_\_

Residence Phone #: \_\_\_\_\_

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

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

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







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Name (printed): \_\_\_\_\_

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

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

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

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



## FIREARMS SAFETY COURSE INSTRUCTORS

Name	Location	Phone Number
Alderucci, John	Wallkill, NY	(914) 260-5656
Barrett, Ed	New Paltz, NY	(914) 456-1528
Bartholomew, Daniel M.	Middleburgh, NY	(518) 322-2045
Cass, Nancy	Gardiner, NY	(914) 475-5286
Cooper, Ken	Kingston, NY	(845) 338-3464
Costello, Mike	Kingston, NY	(845) 478-6604
DeLisio, Jeffery S.	Woodstock, NY	(845) 679-8220
Double Eagle Tactical Training, Inc	Coxsackie, NY	(518) 331-7691
Firearms Safety Group	Walden, NY	(845) 778-7320
Korosi, James	Highland,	(845) 629-0042
Mann, William & Maria	Port Jervis, NY	(845) 858-4990
New Paltz Rod & Gun Club	New Paltz, NY	(845) 255-7586
Nigro Jr., Vincent	Ellenville, NY	(845) 532-4755
Nigro Sr., Vincent	Accord, NY	(845) 389-1190
Otunu, Ben	Ellenville, NY	(845) 243-0064
RBR Firearms Safety(Robert Ridley)	Highland, NY	(845) 392-5522
SafeShoot NY	Kingston, NY	(845) 443-7727
Shah, Syed Shahzad A.	Phoenicia, NY	(845) 605-2767
Sokota, Thomas	Wallkill, NY	(845) 674-6963
Spagnola, Vito	Middletown, NY	(845) 406-1517
Todd, Donald	Kingston, NY	(845) 679-5625
Wallner, Robert J.	Wallkill, NY	(845) 549-0961

***\*Please note:*** You are not required to take the safety course with one of the instructors listed above. You may take the course with any Duly Authorized Instructor, as defined in New York Penal Law §265.00(19).



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**To All Pistol/Revolver and/or Semi-Automatic Rifle License Applicants**

Please note: All prior arrests must be disclosed on your application forms. This includes any court action that was dismissed, ACD, sealed by the court, or juvenile status.

A court disposition must be included for every arrest.

Failure to comply with these instructions will result in the declination of the pistol/revolver and/or semi-automatic license application.

**ALL PRIOR ARRESTS MUST BE DISCLOSED  
REGARDLESS OF THE DISPOSITION**

By signing below the applicant acknowledges that he/she has read the foregoing and understands its content. Applicant acknowledges that any false answer on the application constitutes the felony of perjury.

Name (print): \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

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

Signed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary



# 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 \_\_\_\_\_

---

**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)***

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**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