

**DO NOT FOLD**

DUTCHESS COUNTY SHERIFF'S OFFICE  
150 NORTH HAMILTON STREET  
POUGHKEEPSIE, NEW YORK 12601-2011

PISTOL LICENSE BUREAU  
TELEPHONE (845) 486-3883  
HOURS ARE 9 AM TO 4PM, M-F

**ADRIAN H. ANDERSON, SHERIFF**

**FALSIFICATION OF THIS APPLICATION IS A FELONY AND MAY CAUSE DENIAL OF APPLICATION**  
**WE WILL CALL YOU** TO SCHEDULE AN APPOINTMENT. THANK YOU

**\*Print off 3 copies of the NYS Pistol License Application. These must be double sided.\***

- START FILLING OUT APPLICATION AT "LAST NAME"
- APPLICANT MUST BE AT LEAST **21 YEARS OF AGE** AND A RESIDENT OF DUTCHESS COUNTY FOR AT LEAST SIX MONTHS.
- A **POSTAL MONEY ORDER IN THE AMOUNT OF \$20.00** (PAYABLE TO "DCSO") MUST BE MAILED IN WITH YOUR APPLICATION PACKET.
- The following must be provided:** A PHOTOCOPY OF YOUR SOCIAL SECURITY CARD,  
A PHOTOCOPY OF YOUR BIRTH CERTIFICATE,  
A PHOTOCOPY OF YOUR DRIVERS LICENSE.
- APPLICANTS WILL RECEIVE **FOUR (4) REFERENCE FORMS** (PAGES 3, 4, 5 and 6) WITH APPLICATION. EACH OF YOUR REFERENCES MUST SIGN THIS FORM BEFORE A NEW YORK STATE NOTARY. REFERENCES MUST ALSO PERSONALLY SIGN ALL THREE STATE OF NEW YORK APPLICATION FORMS. APPLICANTS ARE OBLIGATED TO INFORM REFERENCES OF ANY ARRESTS, CONVICTIONS, AND TREATMENT FOR MENTAL ILLNESS. FAILURE TO ADVISE YOUR REFERENCES COULD RESULT IN DENIAL OF APPLICATION.
- REFERENCES MUST BE RESIDENTS OF DUTCHESS COUNTY AND MUST KNOW APPLICANT FOR AT LEAST SIX MONTHS. REFERENCES MUST BE AT LEAST 21 YEARS OF AGE. APPLICANTS MAY NOT USE THE FOLLOWING AS REFERENCES: TOWN JUSTICES, JUDGES, POLICE OFFICERS, CORRECTION OFFICERS, PERSON TO WHOM APPLICANT IS RELATED, PERSON IN THE SAME HOUSEHOLD AS APPLICANT, OR ANY TWO PERSONS OF THE SAME FAMILY OR HOUSEHOLD.
- AT THE TIME OF YOUR SCHEDULED APPOINTMENT,** PLEASE BRING IN A **POSTAL MONEY ORDER** IN THE AMOUNT OF **\$105.25** PAYABLE TO "DCSO." THIS FEE IS FOR THE FINGERPRINT SEARCH AND IDENTIFICATION AT NYS DCJS. (CASH, PERSONAL CHECKS OR BANK MONEY ORDERS WILL NOT BE ACCEPTED.)
- APPLICANTS MUST INDICATE ALL ARRESTS--CONVICTIONS OR NOT.** IF A CHARGE HAS BEEN SEALED, DISMISSED A.C.D, OR THE PERSON HAS BEEN FOUND NOT GUILTY, ALL MUST BE NOTED AS AN ARREST. APPLICANTS MUST OBTAIN AND SUBMIT WITH COMPLETED APPLICATION A LETTER OF DISPOSITION FROM THE COURT WHERE THE CASE WAS HANDLED. ANYONE WITH A FELONY CONVICTION SHOULD NOT APPLY.

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- PLEASE MAIL ALL 9 PAGES (INCLUDING A POSTAL MONEY ORDER PAYABLE TO "DCSO" IN THE AMOUNT OF \$20.00) TO:**

DC SHERIFF'S OFFICE  
ATT: PISTOL PERMITS  
150 NORTH HAMILTON STREET  
POUGHKEEPSIE, NY 12601

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**DUTCHESS COUNTY SHERIFF'S OFFICE  
150 NORTH HAMILTON STREET  
POUGHKEEPSIE, NEW YORK 12601-2011**

**TELEPHONE (845-486-3883)**

- 1. **NAME:**
- 2. **TELEPHONE NUMBER - HOME:** **WORK:**
- 3. **PLACE OF BIRTH:**
- 4. **ADDRESS PRIOR TO MOVING TO DUTCHESS COUNTY:**
- 5. **E-MAIL ADDRESS:**
- 6. **HOW LONG DID YOU RESIDE THERE?**
- 7. **WHERE HAVE YOU RESIDED FOR THE LAST TEN YEARS?**
- 8. **WHEN DID YOU BECOME A RESIDENT OF DUTCHESS COUNTY?**
- 9. **DID YOU HAVE A PISTOL LICENSE AT ANY OF YOUR PREVIOUS RESIDENCES? IF SO, WHERE?**
- 10. **WHERE ARE THE PISTOLS YOU HAVE LISTED ON YOUR LICENSE?**
- 11. **IF YOU HAVE BEEN ARRESTED, PLEASE STATE THE DATE AND ARRESTING POLICE AGENCY, CIRCUMSTANCES UNDER WHICH YOU WERE ARRESTED, AND DISPOSITION OF CHARGES.**
- 12. **LIST THE OCCUPATION OF EACH CHARACTER REFERENCE AND A TELEPHONE NUMBER WHERE THEY MAY BE CONTACTED.**

	<b>NAME</b>	<b>OCCUPATION</b>	<b>TELEPHONE #</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PISTOL LICENSE REFERENCE FORM  
 DUTCHESS COUNTY SHERIFF'S OFFICE  
 150 NORTH HAMILTON STREET  
 POUGHKEEPSIE, NEW YORK 12601

DATE:	APPLICANT'S NAME:	ADDRESS:
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**IT IS IMPORTANT TO READ THIS FORM CAREFULLY BEFORE ANSWERING ANY QUESTIONS. ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.**

\*THE ABOVE NAMED HAS MADE APPLICATION TO THIS OFFICE FOR A LICENSE TO CARRY UPON HIS/HER PERSON, OR POSSESS UPON HIS/HER PROPERTY, A PISTOL OR REVOLVER, AND HAS GIVEN YOUR NAME AS A REFERENCE.

\*IT IS IMPORTANT YOU ANSWER THE FOLLOWING QUESTIONS, CERTIFY AS TO THE APPLICANT'S MORAL CHARACTER AND HIS/HER RESIDENCE IN DUTCHESS COUNTY FOR AT LEAST SIX (6) MONTHS. YOU MUST RECOMMEND THE APPLICANT AS A PROPER PERSON TO CARRY UPON HIS/HER PERSON, OR POSSESS UPON HIS/HER PREMISES, A PISTOL OR REVOLVER.

1) HAVE YOU KNOWN THE APPLICANT FOR AT LEAST SIX MONTHS AS REQUIRED?	1)
2) ON WHAT DATE DID YOU FIRST BECOME ACQUAINTED WITH THE APPLICANT?	2)
3) IS THE APPLICANT 21 YEARS OF AGE OR OVER?	3)
4) HAS THE APPLICANT CONTINUOUSLY RESIDED IN DUTCHESS COUNTY FOR THE PAST SIX MONTHS?	4)
5) WHAT IS THE NATURE OF HIS/HER EMPLOYMENT, AND BY WHOM IS HE/SHE EMPLOYED?	5) _____ _____
6) IS THE APPLICANT A CITIZEN OF THE UNITED STATES?	6)

APPLICANT IS OBLIGATED TO VOLUNTARILY ADVISE YOU OF ANY ARRESTS OR TREATMENT FOR MENTAL ILLNESS.

7) HAS THE APPLICANT EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME OR CRIMINAL OFFENSE?	7)
8) IS APPLICANT, AT PRESENT, BEING TREATED OR HAS AT ANY TIME BEEN TREATED FOR MENTAL ILLNESS?	8)
9) HAS APPLICANT EVER BEEN CONFINED TO AN INSTITUTION, PUBLIC OR PRIVATE, FOR ANY MENTAL ILLNESS? IF THE ANSWER IS YES, GIVE DATES AND NAMES OF INSTITUTIONS.	9) _____ _____
10) DO YOU PERSONALLY RECOMMEND THE APPLICANT AS A PERSON TO BE ISSUED A LICENSE TO CARRY UPON HIS/HER PERSON A PISTOL OR REVOLVER, OR POSSESS IN A DWELLING OR PLACE OF BUSINESS? ADDITIONAL INFORMATION YOU MAY HAVE REGARDING THE APPLICANT: _____ _____ _____	10) <b>YES</b>  <b>NO</b>

**IF YOU HAVE ANY RESERVATIONS ABOUT RECOMMENDING THIS APPLICANT, ADVISE APPLICANT.**

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REFERENCE  
ADMINISTERING OATH

\_\_\_\_\_  
SIGNATURE OF OFFICER

**COMPLETE THIS FORM AND RETURN TO THE APPLICANT**

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