TOWN OF GUILDERLAND
POLICE DEPARTMENT
Town Hall, Route 20
Guilderland, NY 12084
(518) 356-1980
FAX (518) 356-4668
Email: police@townofguilderland.org

PETER G. BARBER
SUPERVISOR

DANIEL P. MCNALLY
CHIEF OF POLICE

NEW YORK STATE PISTOL PERMIT/ DEALER'S LICENSE APPLICATION INSTRUCTIONS, PLEASE READ CAREFULLY (GPDPPF1)

REQUIREMENTS:

Applicant must be a resident of the Town of Guilderland, NY.
Applicant must be over 21 years of age or honorably discharged from the United States armed forces.
Applicant cannot have been convicted of a felony or serious offense.
Applicant must have not suffered any mental illness or been confined to any hospital or institution public or private, for mental illness.
Applicant must have not had a pistol license revoked or not be under a suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the NYSPL or section 842 of the Family Court Act.

INSTRUCTIONS:

1. Obtain a pistol license application packet directly from the Guilderland Police Department's Administrative Office from the hours of 9am-4:30 pm Monday thru Friday or on the Albany County Clerk's website at **Albanycounty.com or at www.guilderlandpd.org.**

2. Complete (2) two copies of the State of New York Pistol/Revolver License Application PPB-3 (front and back). All forms must be completed in BLACK INK ONLY and will not be accepted otherwise. Start filling out form at the last name boxes. Leave boxes above this area blank. Personal references must sign both copies of application. THE BACK OF THESE TWO FORMS MUST BE NOTARIZED BY APPLICANT

3. Complete the Guilderland Police Department Pistol License Application forms. Please write the reason for your application on the back of the form.

4. Obtain a certificate of completion from an NRA certified basic pistol course. The course does not necessarily have to have been completed at one of the listed providers on the Albany County website, as long as the course is taught by a certified NRA instructor.

5. Obtain a certified New York Department of Motor Vehicles standard (not lifetime) Abstract of Driving Record. This can be obtained in person at any New York State Department of Motor Vehicles office in New York State or online at **dmv.ny.gov**. There is a fee charged for this abstract.

6. If you are a former member of the US military, obtain a copy of your DD 214.

7. Obtain (2) passport size (2"x 2") colored photographs of you. Photographs must have a plain white background.

8. Once all the above steps are completed, call (518) 356-1501 x1063 to make an appointment with an investigator for your interview. Bring all above items noted with you to interview as well as identification (NYS Driver's License or US Passport).

9. Once interview is completed with an investigator, distribute your (4) Personal Character Reference forms (GPDPPF2) to your personal references. Write your name on the Applicant name line located at the top of the form before distributing them. Form must be completed in BLACK INK ONLY. Personal Character Reference forms will not be accepted prior to interview.

10. Make your appointment with IdentoGo for your DCJS and FBI fingerprint searches. Reservation information is found on GPDPPF3 form. Please note that this step must be completed with every application with no exceptions. Fingerprints already on file with DCJS and the FBI are not acceptable.

Note:
Fingerprints and background investigations can take several months. Once application has been submitted, please do not call to check on the status of your application. Upon review, your application will be sent to the Albany County Clerk's Office. You may be personally summoned for an interview by an Albany County Court judge regarding your application. When your application is reviewed by an Albany County Court judge, you will be notified in writing by the Albany County Clerk's Office with further instructions. The application process may take up to a year until final completion.

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PERSONAL CHARACTER REFERENCE FORM (GPDPPF2)

INSTRUCTIONS: FORM MUST BE COMPLETED IN **BLACK INK ONLY**. PLEASE PRINT OR TYPE CLEARLY. ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE. YOU MAY USE THE BACK OF THIS FORM IF MORE ROOM IS NEEDED. **FORMS MUST BE NOTARIZED.**

PISTOL PERMIT APPLICANT: _____
LAST FIRST MIDDLE

1. WHAT IS YOUR FULL NAME? _____
2. WHAT IS YOUR PRESENT ADDRESS? _____
3. WHAT IS YOUR PHONE NUMBER? _____ CELL PHONE # _____
4. WHAT IS YOUR DATE OF BIRTH? _____ PLACE OF BIRTH: _____
5. ARE YOU A US CITIZEN? _____ IF NOT GIVE YOUR REGISTRATION # _____
6. NAME AND ADDRESS OF YOUR EMPLOYER: _____
   _____
7. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY CRIME IN ANY JURISDICATION, FEDERAL, STATE OR LOCAL? _____ IF SO, PLEASE COMPLETE THE FOLLOWING:
   DATE CHARGE DISPOSITION ARRESTING AGENCY
   _____
   _____
   _____
8. DO YOU HAVE A PISTOL PERMIT? _____
9. HAVE YOU EVER HAD ANY LICENSE OR PERMIT, INCLUDING A PISTOL PERMIT, SUSPENDED, DENIED, OR REVOKED BY ANY AGENCY, FEDERAL, STATE, OR LOCAL? _____ IF SO, GIVE DETAILS_____
   _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS REGARDING THE APPLICANT:

1. IS THE APPLICANT A UNITED STATES CITIZEN? _____

2. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

3. ARE YOU RELATED TO THE APPLICANT? _____ IF YES, HOW? _____

4. BY WHAT OTHER NAME(S) HAS THE APPLICANT BEEN KNOWN? _____

5. WHERE DOES THE APPLICANT RESIDE? _____

6. WHAT IS THE APPLICANT'S BUSINESS OR OCCUPATION? _____

7. WAS THE APPLICANT EVER EMPLOYED BY YOU? _____ IF SO, WAS HE/SHE TERMINATED? _____, IF YES, EXPLAIN:_____

8. TO YOUR KNOWLEDGE, WAS THE APPLICANT EVER ARRESTED?_____

IF YES, GIVE DETAILS: _____

_____

9. DOES THE APPLICANT ABUSE ALCOHOLIC BEVERAGES? _____

10. DOES THE APPLICANT USE ILLEGAL DRUGS OR ABUSE MEDICATION? IF SO WHAT TYPES?_____

11. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT BEING INVOLVED IN ANY PAST OF PRESENT DOMESTIC VIOLENCE SITUATIONS? IF SO, WHAT ARE THE CIRCUMSTANCES? _____
_____

12. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT EVER THREATENING ANYONE, OR DISPLAYING A VIOLENT TEMPER? _____ IF SO, WHAT WERE THE CIRCUMSTANCES? _____
_____

13. DO YOU HAVE ANY KNOWLEDGE OF THE APPLICANT ASSOCIATING WITH KNOWN CRIMINALS? _____ IF YES, EXPLAIN: _____
_____

14. HAS THE APPLICANT EVER, OR DOES HE/SHE NOW OWN OR POSSESS ANY HANDGUNS? _____ _____IF YES, GIVE DETAILS: _____

15. TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER SUFFRED FROM, BEEN TREATED OR HOSPITALIZED FOR BLACKOUTS, TEMPORARY LOSS OF MEMORY, MENTAL ILLNESS, DEFECT OF BREAKDOWNS? _____
    GIVE DETAILS: _____

16. DO YOU KNOW THE APPLICANT TO BE AN HONEST, RESPONSIBLE PERSON OF GOOD MORAL CHARACTER? _____

17. DO YOU RECOMMEND THIS APPLICANT FOR A PISTOL LICENSE ?_____.

ADDITIONAL COMMENTS

_____
_____
_____

UPON COMPLETION OF THESE FORMS MAIL TO:
GUILDERLAND POLICE DEPARTMENT
PISTOL LICENSE INVESTIGATIVE UNIT
RTE 20 TOWN HALL
BOX 339, GUILDERLAND, NY
12084

SIGNED: _____

PRINTED: _____

ADDRESS: _____

_____

PHONE: _____

Notary Public, Signed and sworn to before me:

_____

This _____ day of _____, _____.

At_____, New York.