ALBANY COUNTY SHERIFF'S OFFICE

CRAIG D. APPLE, SR.
SHERIFF

MICHAEL S. MONTELEONE
EXECUTIVE UNDERSHERIFF

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Albany, New York 12208 (518) 487-5400
WWW.ALBANYCOUNTYSHERIFF.COM

Supplemental Pistol Permit Applicant Information

Applicant name: _____Maiden name / AKA's: _____
Home address: _____
Name of homeowner:_____
If other than applicant, give owner's contact info: _____
How long have you lived at your current residence: _____
Home phone: _____Cell phone: _____
E-mail address: _____
Place of birth: _____
Dates resided in Albany County: _____-_____
Do you live alone?_____(If "No", list name, age and relationship to all household members.)
_____
_____
Previous residences: _____
_____
Other properties owned: _____
_____
Spouse or significant other's name: _____ DOB:_____
Phone #: _____
Children: (age) _____
_____
Ex-spouse(s) or significant other(s): _____ DOB:_____
Father's name: _____Mother's name: _____
Contact Info: _____Contact Info: _____
Siblings: _____ _____ _____
Contact Info: _____ _____ _____

High School attended: _____Graduate? _____

Colleges attended: _____Degree Received? _____

Course of Study: _____

Current employer:_____Job Title: _____

Profession: _____Date employed: _____ - _____

Supervisor name: _____Supervisor phone:_____

Former employer: _____Job Title: _____

Profession: _____Date employed: _____ - _____

Supervisor name: _____Supervisor phone:_____

Military service: (Yes/No) _____Branch of service: _____

Type of discharge: _____ (Include copy of form DD214 with application)

List any clubs, organizations or shooting sports or activities you are involved in.

_____

_____

List of your former or current social media accounts from the past three years
(required for concealed carry license applicants after September 1, 2022 per NYS law)

_____

_____

Do you have a hunting license? _____ What type?_____
(If you currently hold a hunting license, you must include a copy of it with your application)

Do you currently, or have you ever had a Pistol Permit or other Firearms License in this or any other state(s)?_____ Which state(s)? _____

Have you ever received formal or advanced firearms training? _____
(Include copies of any and all Pistol Permits, Firearms Licenses or training certificates issued.)

Have you ever been arrested? _____

If "yes" above, please provide the date, time, location and disposition of all arrests.

_____

_____

Explain in detail your reason for requesting a pistol permit:

_____

_____

If you are requesting a pistol permit for employment purposes, it will be necessary for your employer to submit a signed and dated letter on company letterhead to this office verifying your employment and for what reason you will be required to carry a gun.

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Supplemental Pistol Permit Applicant Information
Continuation Form

If additional space is needed for any section, including listing past arrests or the status of any current or past firearms license, please include that information here.