

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

**PETER G. BARBER**  
SUPERVISOR

**CAROL J. LAWLOR**  
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.

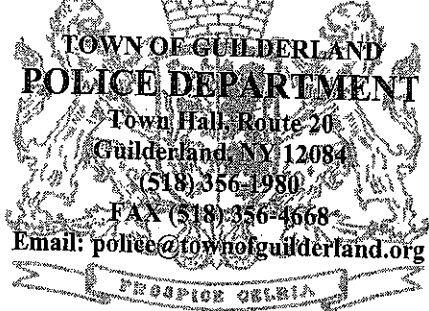
**INSTRUCTIONS:**

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](http://Albanycounty.com).
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 notarized upon completion. The fingerprints on back of form will be completed by investigator during interview.
3. Complete the Guilderland Police Department Pistol License Application forms. Make sure to 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 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](http://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 (3) passport size (2"x 2") colored photographs of yourself. 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. Again form must be completed in BLACK INK ONLY. Character Reference forms will not be accepted prior to interview.
10. Make your appointment with MorphoTrust 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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**PISTOL PERMIT APPLICATION**  
**PERSONAL CHARACTER REFERENCES**

Please follow these specific directions carefully. A failure to follow these guidelines will result in a lengthy delay in the processing of your pistol permit application.

1. Four references are required to sign both State of New York Pistol/Revolver License Application forms.
2. Character reference forms are included in your packet. They must be completed, signed and NOTARIZED by your reference.
3. Make sure you print you name CLEARLY on the top of the form after the RE:
4. They must be returned by mailing them directly to:  
Guilderland Police Department  
Pistol Permit Processing Unit  
Guilderland Town Hall  
P.O. Box 339  
Guilderland, New York 12084-0339  
(Addressed envelopes may be provided with your packet.)
5. You are not allowed to hand deliver your completed reference forms. They are considered confidential.
6. References must be residents of the Capital District, and MAY NOT BE relatives or persons living in the household.
7. It is YOUR responsibility to make sure your references return the forms in a timely manner.
8. THE INFORMATION ON THE REFERENCE FORM WILL NOT BE GIVEN TO THE APPLICANT.
9. If you have any questions regarding the proper completion of your pistol permit application packet, please call the investigator assigned to this application at the Guilderland Police Department at 356-1980 x 1038.

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## **LIVE SCAN FINGERPRINTING FOR PISTOL LICENSING**

**Applicants need to contact MorphoTrust USA to schedule an appointment to have their fingerprints taken with Live Scan. Past Live Scan fingerprinting for other purposes is unacceptable. There is a fee for this service outlined by the provider. The appointment needs to be made for a date following your initial appointment with the Investigations Unit with the Guilderland Police Department. Applicants can schedule an appointment by going to their website at [www.L1enrollment.com](http://www.L1enrollment.com) or by calling their MorphoTrust USA toll free call center at (877) 472-6915.**

**The applicant will go to the fingerprinting location and bring two forms of identification, at least one of which must have a photo. When the applicant schedules their appointment, they will be given the option of what forms of ID are considered acceptable. Such options include driver's license, US passport, Social Security Card etc. If applicant does not pay on line when scheduling the appointment, they will need to bring their payment to the fingerprinting appointment.**

**After following all instructions outlined by MorphoTrust USA and successfully completing the Live Scan, your fingerprints will be searched in the NY DCJS and FBI databases. A response will be delivered to the Guilderland Police Department electronically. Recent or past Live Scan fingerprinting for other purposes such as other licensing and civil searches are unacceptable.**

**Applicants will need to provide the following information to MorphoTrust USA at the time their fingerprints are scanned:**

**Guilderland Police Department ORI# NY0015200**

**Reason: Pistol License**

**Case No. \_\_\_\_\_**



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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 JURISDICTION, 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 OR 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 SUFFERED FROM, BEEN TREATED OR HOSPITALIZED FOR BLACKOUTS, TEMPORARY LOSS OF MEMORY, MENTAL ILLNESS, DEFECT OR BREAKDOWNS? \_\_\_\_\_  
GIVE DETAILS: \_\_\_\_\_

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

17. DO YOU, WITHOUT RESERVATION, RECOMMEND THIS APPLICANT FOR A PISTOL PERMIT? \_\_\_\_\_

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.



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**TO BE COMPLETED BY PISTOL PERMIT APPLICANT**  
*Please Print All Information Clearly*

Name: \_\_\_\_\_  
FIRST FULL MIDDLE NAME LAST

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Contact Telephone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

- How long have you resided at this address? (Years and months): \_\_\_\_\_
- If you have resided less than five years at present address, list former address below:

\_\_\_\_\_  
Street City State Zip Code

**Employment Information:**

- Name of Employer: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Address of Employer: \_\_\_\_\_  
Street City State Zip Code

List below any former name(s) you have been known by. Female applicants list maiden name and any former marriage names: \_\_\_\_\_

**Marital Status: Single/Married/Separated/Divorced/Widowed**

Name of Spouse/Ex Spouse: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Name of high school attended and address: \_\_\_\_\_

- Home address while attending school: \_\_\_\_\_



If you were ever a member of the military service, list below the branch, number of years served, and what type of discharge was received: \_\_\_\_\_

**\*\*\* On the back of this form, explain in detail your REASON FOR WANTING A PISTOL PERMIT. If you are requesting a pistol permit for employment purposes, it will be necessary for YOUR EMPLOYER TO SUBMIT TO THIS OFFICE A SIGNED AND DATED LETTER ON COMPANY STATIONARY VERIFYING YOUR EMPLOYMENT AND FOR WHAT REASON YOU WILL BE REQUIRED TO CARRY A GUN. This letter may be presented when you turn in your application for processing.**

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

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

Do you have a New York State Hunting License? Yes/No

What type(s)? \_\_\_\_\_

For what length of time have you had this license? \_\_\_\_\_

If you currently hold a hunting license, you must include a copy of it with the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date