ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400
WWW.ALBANYCOUNTYSHERIFF.COM

WILLIAM C. COX
UNDERSHERIFF

CRAIG D. APPLE, SR.
SHERIFF

PAUL M. COURCELLE
CHIEF DEPUTY

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:** _____

Contact info: _____

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?** _____

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: _____
(Must include copy of form DD214 with application)

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

_____

_____

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.