



# ALBANY COUNTY SHERIFF'S OFFICE

County Court House Albany, New York 12207 (518) 487-5400

[WWW.ALBANYCOUNTYSHERIFF.COM](http://WWW.ALBANYCOUNTYSHERIFF.COM)



**MICHAEL S. MONTELEONE**  
EXECUTIVE UNDERSHERIFF

**CRAIG D. APPLE, SR.**  
SHERIFF

**WILLIAM M. RICE**  
UNDERSHERIFF

**KERRY B. THOMPSON**  
CHIEF DEPUTY

**LEON A. BORMANN**  
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: \_\_\_\_\_

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? \_\_\_\_\_

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.

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

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.