



**NIAGARA COUNTY  
COUNTY CLERK'S OFFICE  
COURTHOUSE  
P.O. BOX 461  
LOCKPORT, NY 14095-0461**

**JOSEPH A. JASTRZEMSKI  
County Clerk**

**MATTHEW L. PARISH  
First Deputy County Clerk**

**(716) 439-7022  
(716) 439-7035 Fax**

Dear Niagara County Pistol Permit Applicant,

The Niagara County Clerk's Office is the administrative office that coordinates your pistol permit application as it travels through a number of different agencies during the authorization process. **The processing of your pistol permit may take from six (6) months to a year or more before a final determination is made.** This is due to a number of factors which may include but not be limited to, your personal history, correctly completing the application, timely reply of character references, and local law enforcement investigation response.

The County Clerk's Office facilitates the transfer of your application to the Niagara County Sheriff's Office for suburban residents, and the city police departments for those who reside in Lockport, Niagara Falls or North Tonawanda. They conduct a thorough investigation and will also receive comment from the NYS Department of Mental Hygiene and the NYS Department of Criminal Justice Services. Once the Pistol Permit Office receives the information from the above named agencies, it is forwarded to the Licensing Officer (Niagara County Court Judge), who will make a final decision of approval or disapproval on the application. Applicants will receive notice through the mail. If you have moved during the application process, please visit our office in person to update your new address.

***It is possible that you will not receive any contact or communication during the application process until you receive your approval/disapproval letter.***

Since the majority of the application process takes place outside our office, and due to the large volume of applications we receive, we ask that you wait at least three (3) months from the application date to contact our Pistol Permit Office at 716-439-7184 regarding the status of your application.

I hope you find this information helpful. Thank you in advance for your cooperation.

Kind regards,

Joseph A. Jastrzemski  
NIAGARA COUNTY CLERK

# NIAGARA COUNTY PISTOL PERMIT APPLICATION REQUIREMENTS, INSTRUCTIONS AND ADDITIONAL INFORMATION

## REQUIREMENTS

Applicants must be at least 21 years old and reside in Niagara County.

You are required to complete a Handgun Safety Training Course conducted by a NRA certified instructor or other approved instructor **prior to** submitting your application for processing. Your **ORIGINAL** signed certificate must be presented at application time. The certificate will remain in our office as part of your file.

You must provide (4) character references known personally to you, who will attest to your good moral character. If you reside in the city of North Tonawanda, Niagara Falls or Lockport, two of the four references must reside in that city.

- **ALL REFERENCES MUST RESIDE IN NIAGARA COUNTY, AND SHOULD NOT BE RELATED TO YOU OR TO EACH OTHER.** Boyfriend/Girlfriends are also not accepted.
- **Character references must personally sign your applications.**
- Be sure the separate character reference sheet includes the reference's correct mailing address.
- If you are active military, your commanding officer (CO) must sign as one of your references, even if your CO does not live in Niagara County.

## INSTRUCTIONS FOR APPLICANTS

**All three applications must be printed or typed in BLACK INK. All three applications must be originals. BEGIN AT LAST NAME - Please do not write anything above "last name".**

**ALL THREE APPLICATIONS MUST BE PRINTED DOUBLE-SIDED. NO EXCEPTIONS!**

1. **Print all three (3) applications double-sided and complete all three applications and all associated/enclosed forms.**
  - Print legibly using **black ink**.
  - Be sure to indicate your reasons for wanting a pistol permit.
  - On the application, start with your last name in the gray shaded area and work down.
  - Fill out three (3) permit applications (Pistol/Revolver License Application PPB3/PPB3A) All must be originals. Copies are not acceptable.
  - DO NOT** sign the application until you are in front of a pistol permit office clerk. Notaries are available in our office.
  - Read and sign Acknowledgment Form
  - Complete one Character Reference Form
  - Complete and sign one Mental Hygiene Form
  - Complete and sign one "NYS Firearms License Request for Public Records Exemption" if you do not want your application or pistol permit to be a matter of public record subject to FOIL laws.

2. After calling to make your appointment, bring the following with you to the Niagara County Clerk's Office, Pistol Permit Division located at 175 Hawley St. in Lockport:
  - Completed application packet with original documents – copies are NOT accepted.
  - Fees payable by cash, MasterCharge, Discover and personal check made payable to Niagara County Clerk.

At this point, the Niagara County Clerk's Office will take your application, take your photo and obtain your signature for your permit.

3. After submitting your completed packet to the Niagara County Pistol Permit Office and paying the applicable fees you must be fingerprinted. The fingerprinting process will be explained to you when you submit your completed application.



## ADDITIONAL INFORMATION

### WHAT DOES ARREST MEAN?

Your pistol permit application specifically states: "Have you ever been arrested, summoned, charged, or indicted anywhere for any offense, including DWI (except traffic infractions)?"

You **must** state all arrests *regardless of whether or not you were convicted*. Sealed charges must also be listed.

Arrest means:

- You were given an appearance ticket by a police officer to appear before a judge for anything from a town/village ordinance on up to a felony.
- You were handcuffed and taken to jail.
- You were fingerprinted and photographed for a criminal matter of DWI by law enforcement.
- A warrant for arrest was issued for you and you either were directed to turn yourself in to law enforcement or appear before a judge.
- You were directed by law enforcement to appear before a judge.

Any omission of fact or any false statement will be sufficient cause to deny the application and constitutes a crime punishable by fine, imprisonment or both.

**If you appeared in court, you must provide an official disposition from the court(s) with your application. You must also write an incident letter describing in detail the circumstances surrounding the arrest. A separate letter must be provided for each incident.**

Even if the court no longer has record of the outcome of your case(s) because it is a very old case(s) or they have destroyed the record, or your case(s) were sealed, you still have a criminal record and all NYS law enforcement agencies have full access to this information, even if it was an out-of-state arrest.

The term "sealed record" means that at the time of your last court appearance, it was the judge's decision to seal the case so only authorized persons can view the outcome. Most courts and law enforcement agencies will not give you this information. It will appear as "no record" when you request a criminal record check at a law enforcement agency or request dispositions from the courts. This does not mean that you were not arrested or that you don't have a criminal record.

You must state all arrests even if you do not recall the dates or dispositions – even if there are multiple arrests over several years. If you appeared before a judge, you must state so.

**REMEMBER – IF YOU DO NOT STATE ALL ARRESTS ON YOUR APPLICATION,  
YOUR APPLICATION MAY BE TERMINATED FROM FURTHER PROCESSING.**

SIGNATURE: \_\_\_\_\_

PRINTED: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICATION FEES ARE NOT REFUNDABLE

**NOTICE**

**APPLICANT MUST**

**COMPLETE THREE (3)**

***DOUBLE-SIDED***

**APPLICATIONS AND**

**PRINT THREE (3)**

***DOUBLE-SIDED***

**APPLICATIONS FOR**

**SUBMISSION**

**CLICK ON THE LINK BELOW FOR THE  
MOST UPDATED APPLICATION:**

[https://www.niagaracounty.com/Portals/0/  
docs/PistolPermit/  
License\\_Application\\_Pistol.pdf](https://www.niagaracounty.com/Portals/0/docs/PistolPermit/License_Application_Pistol.pdf)



**NIAGARA COUNTY**  
**PISTOL PERMIT OFFICE**  
NIAGARA COUNTY COURTHOUSE  
P.O BOX 461  
LOCKPORT, NEW YORK 14095-0461

**CAROLINE A. WOJTASZEK**  
*County Judge*

**JOSEPH A. JASTRZEMSKI**  
*County Clerk*

(716) 439-7122  
(716) 439-7038 Fax

## MENTAL HYGIENE FORM

The NYSafe Act requires that you reveal whether you have been treated by, or consulted with any psychiatrist or psychologist, or been evaluated at any hospital or other medical facility for mental health or psychiatric issues.

Have you ever been so treated?

NO \_\_\_\_\_.

YES \_\_\_\_\_.

If yes, please provide the following:

DATES:

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

PHYSICIAN NAMES:

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

HOSPITALS:

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

Neglecting to include and truthfully disclose any and all of the above information is grounds for rejection of your application and you may be charged with a misdemeanor punishable by fine or imprisonment or both.

I have read and understand the above information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

NIAGARA COUNTY PISTOL PERMIT OFFICE  
LICENSE AGREEMENT

**Please initial on each line as you read the statement. Your signature must be notarized by a notary.**

I have been advised that should a New York State Pistol License be issued by the Niagara County Pistol Permit Office that:

1. \_\_\_\_\_ I will carry my handgun(s) only for the purposes for which I have been approved.
2. \_\_\_\_\_ I will notify the Niagara County Pistol Permit Office on the next business day should I be arrested, named as a defendant in any criminal proceeding, named as a respondent in an Order of Protection issued by any Court or involved in any Domestic incident, in which I was the subject or complainant of a domestic incident report.
3. \_\_\_\_\_ While under suspension, I acknowledge that I am not permitted to acquire or dispose of any handguns, including those listed on my pistol license.
4. \_\_\_\_\_ I will notify the Niagara County Pistol Permit Office and the appropriate law enforcement agency on the next business day of any loss or theft of my pistol license or any handgun registered to me.
5. \_\_\_\_\_ I will notify the Niagara County Pistol Permit Office within ten days of any change in status regarding my address or telephone number. **Any sale/transfer of a handgun must be reported to the Pistol Permit Office within 10 business days.** I acknowledge that I cannot sell or transfer a gun to other than an immediate family member (spouse, child, sibling) without a licensed gun dealer.
6. \_\_\_\_\_ "Carry Firearm Concealed Pistol Permit" means my pistols must be concealed and must be in my possession in a secured (i.e. locked) storage area. Under no circumstances should pistols be left in locations where they may be easily lost or stolen. I will keep my handguns safeguarded at all times, insuring that unauthorized persons not have access to them. \*Please note that leaving a handgun in a locked but unattended motor vehicle is a serious violation of this requirement.
7. \_\_\_\_\_ **I acknowledge that I may not** buy a gun in another state and bring it to New York and license it. The only way handguns are brought into New York is through a New York State Gun Dealer.
8. \_\_\_\_\_ I acknowledge that the Federal Aviation Administration forbids possession of any firearm aboard a commercial airliner. The bearer must declare possession of any firearm prior to entering a secure terminal.
9. \_\_\_\_\_ I understand that New York State Penal Law Section 265.01 prohibits me from possessing a handgun in or upon any building or grounds, used for educational purposes, of any school, college, or university without the written authorization of such educational institution.
10. \_\_\_\_\_ All handguns must be unloaded (SAFE AND EMPTY), prior to entry onto any law enforcement facility or grounds. I understand that I may not load, unload, or otherwise touch or handle any handgun(s), even to present the handgun. The law enforcement employee assisting me will handle all handgun(s) during the transaction. (I am not permitted to handle any handgun(s) while at any law enforcement facility)

I have read and understand all the above statements/rules, and I am aware that any violation of the above listed rules can result in the suspension or permanent revocation of my Pistol License at the discretion of the Licensing Officer.

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
APPLICANT/PISTOL PERMIT HOLDER'S SIGNATURE

Sworn to me this \_\_\_\_\_ day

of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**CHARACTER REFERENCES**

**NOTE: ALL REFERENCES MUST RESIDE IN NIAGARA COUNTY  
(If you reside in NT/NF/LP 2 of the 4 references must reside in that city)**

Character References may not be related to you or each other.  
Character References must reside outside your household and  
may not reside in the same residence as any of your other references.  
No distant relatives or in-laws. Boyfriend/Girlfriends are also not accepted.  
It is recommended that your character references be individuals  
that have known you for a time period of 4+ years

**Please Print**

**APPLICANT'S NAME:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

-----  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
ADDRESS: Street \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

-----  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
ADDRESS: Street \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

-----  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
ADDRESS: Street \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

-----  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
ADDRESS: Street \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

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NOTICE TO APPLICANTS: Please Print. Your character references will be investigated for a past criminal history. A character reference with an arrest record could be unacceptable and delay your application.  
References Rev: 062016





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*The NYSAFE Act protects the privacy of Pistol Permit license holders by permitting them to provide notification that they do not wish for their information to be released publicly pursuant to a FOIL request. Under the law, current licensees as well as applicants can make this notification to the Niagara County Clerk using the form approved by the Superintendent of the NYS Police*

**Q: Where do I get the FOIL (Opt-Out) form?**

**A:** The forms are available through the Niagara County Clerk's office, either in paper format or online. They are available at the following locations:

**Niagara County Clerk**  
175 Hawley Street  
Lockport, NY 14094

**ALL NIAGARA COUNTY DMV LOCATIONS:**  
111 Main Street, Lockport... 500 Wheatfield Street, North Tonawanda  
1001 11<sup>th</sup> Street, Niagara Falls

You may also download the form at the following link:

[http://www.niagaracounty.com/Departments/FireArms\\_Public\\_Record\\_exemption.aspx](http://www.niagaracounty.com/Departments/FireArms_Public_Record_exemption.aspx)

The form is also available on the New York State Police website at [www.troopers.ny.gov/optoutfoil](http://www.troopers.ny.gov/optoutfoil) or the NY SAFE Act website at [www.nysafeact.com](http://www.nysafeact.com).

**Q: How do I complete the form?**

**A:** In the first section, complete your name, date of birth, address and the county in which you are applying. If you hold a firearms license, there is a space for you to provide the license number as well. In the second section, check the box that best describes the reason your information should not be publicly disclosed. To complete the form, sign and date it. **MAKE SURE YOUR NAME AND ADDRESS ARE LEGIBLE.**

**Q: Once I've completed the form, how do I submit it?**

**A:** To submit your form **by mail:** Niagara County Clerk, PO Box 461, Lockport, NY 14095-0461  
To submit your form **in person:** Niagara County Clerk, 175 Hawley Street, Lockport, NY  
To submit your form **by fax:** 716-439-7035  
To submit **by email:** [niagaracounty.clerk@niagaracounty.com](mailto:niagaracounty.clerk@niagaracounty.com) *Must include actual signature. No typed signature accepted.*

**Q: Once the form is completed, how long does it take to become effective?**

**A:** As soon as the Licensing Officer grants your exemption (generally 30-60 days).

**Q: Is there a deadline to file the form??**

**A:** No. You may file the form anytime.

# NYS Firearms License Request for Public Records Exemption

*Pursuant to section 400.00 (5) (b) of the NYS Penal Law*

I am:  **an applicant** for a firearms license  **currently licensed** to possess a firearm in NYS

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Firearms License # (if applicable) \_\_\_\_\_ Date Issued \_\_\_\_\_

Licensing Authority / County of Issuance or Application \_\_\_\_\_

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**I hereby request that any information concerning my firearms license application or firearms license not be a public record.** The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: *(check all that are applicable)*

**1. My life or safety may be endangered by disclosure because:**

- A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- B. I am a protected person under a currently valid order of protection;
- C. I am or was a witness in a criminal proceeding involving a criminal charge;
- D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

**2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below:** *(Must be explained in item 5 below)*

**3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.**

*(Please check any that apply)*

A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

**4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.**

**5.** *(Please provide any additional supportive information as necessary)*

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

**I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date