



OFFICE OF THE  
**SHERIFF**  
**ULSTER COUNTY**

**Vincent V. Altieri**  
 Captain /Criminal Division

**Evelyn P. Mallard**  
 Superintendent / Corrections Division

**Jarrid E. Blades**  
 Chief Civil Administrator

**Juan Figueroa**  
 Sheriff

**Eric V. Benjamin**  
 Undersheriff

Ulster County Law Enforcement Center  
 380 Boulevard, Kingston, NY 12401  
[www.co.ulster.ny.us/sheriff](http://www.co.ulster.ny.us/sheriff)

Area Code 845

Administration	340-3802
Criminal Division	338-3640
Corrections Division	340-3644
Civil Division	340-3643
Pistol Permits	340-3639
Crime Tips Hotline	340-3599

**PLEASE READ ALL INSTRUCTIONS CAREFULLY**

- Applications will not be accepted unless all requirements are complete.
- Fingerprints and character references must be dated within six months prior to submission.
- You must be 21 years of age to apply.

**NYS Application Form:**

- Use **Black** ink only.
- Begin the application on the line that says “Last Name”.
- Two (2) applications forms must be completed and notarized\*.
- Each character reference must enter their name, address, and signature on both applications. (Do not submit copies.)
- You must include all dispositions for any past arrests.
- Photographs must be taken at the Sheriff’s Office. The fee is \$10.00.

*\*Notaries: Please do not place your stamp above the applicant’s signature on the application.*

**Fingerprints:**

- Fingerprinting is done electronically at a NYS contracted facility. Please see enclosed instructions to schedule an appointment.

**Character References:**

- Each reference listed on the NYS Application must also complete a separate reference form and have it notarized.

**Safety Course:**

- A 4 hour home safety course given by an NRA certified instructor is mandatory. A list of instructors is included in this packet. You are not required to pick one from this list.

**Applications are accepted between the hours of 8:30 am – 2:45 pm, Monday through Friday. If you have any questions regarding the application process, please call (845) 340-4237, or (845) 340- 3639. You can also email [mdon@co.ulster.ny.us](mailto:mdon@co.ulster.ny.us).**





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**NOTICE TO ALL APPLICANTS**

1. Be careful answering the question, “Have you ever been arrested, summoned, charged, or indicted anywhere for any offense, including DWI (except traffic infractions)”.

If you have ever been arrested, you must answer “yes”. This includes charges that have been dismissed or sealed.

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

2. All applicants are required to provide this office with a detailed explanation citing your need for a pistol license. You must establish “**Proper Cause**” under Article 400 of the Penal Law. “Proper Cause” has been defined by New York State case law as “a special need for self-protection distinguishable from that of the general community or of persons engaged in the same profession.”
3. Character references can be any citizen of the USA 18 years or older. This includes members of law enforcement and family members. They are not required to be a resident of Ulster County, or New York State.

**PLEASE HAVE ALL YOUR FORMS**  
**COMPLETELY FILLED OUT BEFORE**  
**SUBMITTING YOUR APPLICATION**



INSTRUCTIONS: Print or type in black ink only

NYSID Number											PPB 3 (Rev. 06/17)	County of Issue					
License Number											<b>STATE OF NEW YORK</b> PISTOL /REVOLVER LICENSE APPLICATION						Code
Date of Issue	Month	Day	Year								Expiration Date	Month	Day	Year			

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

Last Name													Suffix			
First Name										MI	Date of Birth - MM DD YYYY			NY Driver's License (or NY Non-Driver ID) No.		
Gender	Social Security			Race	Height ft	in	Weight	Eyes	Hair	Citizen of U.S.A						
													<input type="checkbox"/> YES <input type="checkbox"/> NO			

Physical Address (Street number, street name, apartment number, city, state, zip code)

Mailing Address (If different from physical address)

Primary Phone Number	Secondary Phone Number	Email Address
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Employed By	Present Occupation	Nature of Business
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Business Address (Street number, street name, apartment number, city, state, zip code)

I hereby apply for a Pistol / Revolver License to: (Check only one)  Carry Concealed  \* Possess on Premises  \* Possess / Carry During Employment

(\* ) Premise Address or Employer Name and Address must be provided below:

Employer Name (If Carry During Employment)	Address or Other Location (Street number, street name, apartment number, city, state, zip code)
--	---

A license is required for the following reasons:

Give four character references who by their signature attest to your good moral character.

Last, First, MI	Street Address, (Street number, street name, apartment number, city, state, zip code)	Signature

Have you ever been arrested, summoned, charged or indicted anywhere for any offense, including DWI (except traffic infractions)?  YES  NO  
If Yes, furnish the following information:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an alien illegally or unlawfully in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever renounced your United States citizenship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever suffered any mental illness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been involuntarily committed to a mental health facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had a pistol / revolver license revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you aware of any good cause for the denial of the license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If the answer to any of the questions above is YES, explain here:

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For applicants under twenty-one years of age only:

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?

YES  NO

Knowingly providing false information will be sufficient cause to deny this application and constitutes a crime punishable by fine, imprisonment, or both. I am aware that the following conditions affect any license which may be issued to me:

1. No license issued as a result of this application is valid in the City of New York.
2. Any license issued as a result of this application will be valid only for a pistol or revolver specifically described in the license properly issued by the licensing officer.
3. If I permanently change my address, notice of such change and my new address must be forwarded to the Superintendent of the State Police and in Nassau County and Suffolk County, to the licensing officer of that county, within 10 days of such change.
4. Any license issued as a result of this application is subject to revocation at any time by the licensing officer or any judge or justice of a court of record.

**Jurat:**

Signed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
at \_\_\_\_\_, New York

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Officer Administering Oath

\_\_\_\_\_  
Title of Officer

**APPLICATION NOT VALID UNLESS SWORN**

**Fingerprints submitted electronically by:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_  
Date Submitted \_\_\_\_\_

**Investigation Report – All information provided by this applicant has been verified:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ Organization \_\_\_\_\_  
\_\_\_\_\_  
Signature of Investigating Officer

**This application is Approved – Disapproved (Strike out one)**

**The following restriction(s) is (are) applicable to this license:**

\_\_\_\_\_  
Title and Signature of Licensing Officer

If Licensing Officer authorizes the possession of a pistol, revolver or single shot firearm(s) at the time of issue of original license, furnish the following information:

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number	Property Of
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

Duplicate of this application must be filed with the Superintendent of State Police within 10 days of issuance as required by Penal Law Section 400.00 SUBD.5.

This form is approved by Superintendent of the State Police as required by Penal Law section 400.00, SUBD. 3.

INSTRUCTIONS: Print or type in black ink only

NYSID Number											PPB 3 (Rev. 06/17)	County of Issue					
License Number											<b>STATE OF NEW YORK</b> PISTOL /REVOLVER LICENSE APPLICATION						Code
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Last Name												Suffix		
First Name										MI	Date of Birth - MM DD YYYY		NY Driver's License (or NY Non-Driver ID) No.	
Gender	Social Security			Race	Height ft	in	Weight	Eyes	Hair	Citizen of U.S.A		<input type="checkbox"/> YES <input type="checkbox"/> NO		

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Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Are you a fugitive from justice?  YES  NO

Are you an unlawful user of or addicted to any controlled substance as defined in section 21 U.S.C. 802?  YES  NO

Are you an alien illegally or unlawfully in the United States?  YES  NO

Are you an alien admitted to the United States who does not qualify for the exceptions under 18 U.S.C. 922 (y)(2)?  YES  NO

Have you been discharged from the Armed Forces under dishonorable conditions?  YES  NO

Have you ever renounced your United States citizenship?  YES  NO

Have you ever suffered any mental illness?  YES  NO

Have you ever been involuntarily committed to a mental health facility?  YES  NO

Have you ever had a pistol / revolver license revoked?  YES  NO

Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of section 530.14 of the criminal procedure law or section eight hundred forty-two-a of the family court act?  YES  NO

Have you had a guardian appointed for you pursuant to any provision of state law, based on a determination that as a result of marked subnormal intelligence, mental illness, incapacity, condition or disease you lack the mental capacity to contract or manage your own affairs?  YES  NO

Are you aware of any good cause for the denial of the license?  YES  NO

Are you prohibited from possessing firearms under federal law, including having been convicted in any court of a misdemeanor crime of domestic violence or being under indictment for a crime punishable by imprisonment for a term exceeding one year?  YES  NO

If the answer to any of the questions above is YES, explain here:

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For applicants under twenty-one years of age only:

Have you been honorably discharged from the United States Army, Navy, Marine Corps, Air Force or Coast Guard, or the National Guard of the State of New York?

YES  NO

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Signature of Applicant

\_\_\_\_\_  
Signature of Officer Administering Oath

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Corrections Division	340-3644
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Pistol Permits	340-3639
Crime Tips Hotline	340-3599

**FINGERPRINTING INSTRUCTIONS**

All pistol license application fingerprints are done electronically through Identogo. They have offices in Kingston, Poughkeepsie, Middletown, Newburgh, Liberty, Prattsville, and West Coxsackie.

To schedule an appointment call Identogo toll free at: (877) 472-6915. Appointment scheduling via the call center is available from 9:00AM – 9:00PM, Monday through Saturday. You can also schedule your appointment online at: <https://www.identogo.com>. You will be asked for the Agency ID number for the Ulster County Sheriff’s Office: **NY0550000**, as well as our Service Code: **155Z98**.

You must bring at least one appropriate form of photo ID with you when you go to your appointment. When you schedule your appointment, you will be told what forms of ID are considered acceptable.

The Fingerprinting fee is \$101.75. You must pay by check or credit card at the time of your appointment. Cash is not accepted.





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CHARACTER REFERENCE

On the Pistol License Application of \_\_\_\_\_ your name appears as a character reference. Please supply the following information and return the notarized form to the applicant.

1. How long have you known the applicant? \_\_\_\_\_
2. Is the applicant related to you? \_\_\_\_\_
3. To your knowledge, has the applicant ever engaged in any illegal activity? \_\_\_\_\_
4. To your knowledge, has the applicant ever been arrested? \_\_\_\_\_
5. To your knowledge, has the applicant ever been treated for mental illness? \_\_\_\_\_
6. What is the applicant's reputation in the community? \_\_\_\_\_
7. Does the applicant associate with persons of questionable character? \_\_\_\_\_
8. Do you believe the applicant has a need for a pistol license? If yes, why? \_\_\_\_\_
9. Do you believe the applicant is a person of good moral character? \_\_\_\_\_
10. In your opinion, does the applicant legally reside in Ulster County? \_\_\_\_\_

REMARKS:

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

Name (printed): \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Business phone #: \_\_\_\_\_

Residence Phone #: \_\_\_\_\_

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

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

\_\_\_\_\_ Notary Public







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\_\_\_\_\_ Notary Public



## FIREARMS SAFETY COURSE INSTRUCTOR AND LIVE FIRE COURSE

Name	Location	Phone Number	Live Fire Course
Bob Lounsbury Sporting Goods	Middletown, NY	(845) 343-1808	No
Collector Rifle & Ammo, Inc.	Hopewell Jct., NY	(845) 227-4100	No
Damon Finch Power Session	Kingston, NY	(845) 561-2250	
Daniel M. Bartholomew	Middleburgh, NY	(518) 322-2045	Yes
Donahue Consulting LLC	Jefferson Valley, NY	(914) 471-5631	
Donald Todd	Kingston, NY	(845) 679-5625	
Double Eagle Tactical Training, Inc	Coxsackie, NY	(518) 331-7691	Yes
Ed Barrett	New Paltz, NY	(914) 456-1528	Yes
Firearms Safety Group	Walden, NY	(845) 778-7320	
Frank O'Dell	Walden, NY	(845) 778-5936	
George Rogero	Washingtonville, NY	(845) 496-4020	No
James Korosi	Highland,	(845) 629-0042	Yes
James Rapoli		(914) 474-2126	
Joseph Ciarlanto	Wallkill, NY	(845) 562-1596	No
John Alderucci	Wallkill, NY	(914) 260-5656	Yes
John Metzger		(845) 339-2119	
Ken Cooper	Kingston, NY	(845) 338-3464	Yes
Kevin Moore	Chester, NY	(845) 391-4142	
Kirk Rowan	Chester, NY	(845) 637-0207	
Litton Robert	Port Ewen, NY	(845) 594-2952	
Master Class Shooters	Monroe, NY	(845) 774-4867	
Middletown Pistol/Rifle	Middletown, NY	(845) 355-1412	
Mike Costello	Kingston, NY	(845) 478-6604	
Nancy Cass	Gardiner, NY	(914) 475-5286	Yes
New Paltz Rod & Gun Club	New Paltz, NY	(845) 255-7586	Yes
Peter Madri	Grahamsville, NY	(845) 807-9164	
RBR Firearms Safety(Robert Ridley)	Highland, NY	(845) 392-5522	Yes
Ridgeline Defense	Gardiner, NY	(845) 750-4790	
Robert Clydesdale	Plattekill, NY	(845) 568-7588	
Robert J. Wallner	Wallkill, NY	(845) 549-0961	Yes
Robert Zuleg		(845) 224-7419	
Ruger Custom Guns	Kingston, NY	(845) 336-7106	No
Ryan Sloan	Newburgh, NY	(845) 282-3907	
Sadd Eyal	Purling, NY	(518) 622-8590	
Shawn Barry	Kingston, NY	(845) 590-5523	
Sight On Target(Christopher Lendell)	Saugerties, NY	(845) 853-9938	
Syed Shahzad A. Shah	Phoenicia, NY	(845) 605-2767	Yes
Terry L. Dieterle	Ulster Park, NY	(845) 658-2375	
Thomas Sokota	Wallkill, NY	(845) 674-6963	Yes
Tyrone Vanamburgh	West Esopus, NY	(845) 389-5787	
Vincent Dillard	Wawarsing, NY	(845) 532-6140	Yes
Vincent Nigro Jr.	Ellenville, NY	(845) 532-4755	Yes
Vincent Nigro Sr.	Accord, NY	(845) 389-1190	Yes
Vito Spagnola	Middletown, NY	(845) 406-1517	Yes
William & Maria Mann	Port Jervis, NY	(845) 858-4990	Yes



OFFICE OF THE  
**SHERIFF**  
**ULSTER COUNTY**

**Vincent V. Altieri**  
Captain /Criminal Division

**Evelyn P. Mallard**  
Superintendent / Corrections Division

**Jarrid E. Blades**  
Chief Civil Administrator

**Juan Figueroa**  
Sheriff

**Eric V. Benjamin**  
Undersheriff

Ulster County Law Enforcement Center  
380 Boulevard, Kingston, NY 12401  
www.co.ulster.ny.us/sheriff

Area Code 845

Administration	340-3802
Criminal Division	338-3640
Corrections Division	340-3644
Civil Division	340-3643
Pistol Permits	340-3639
Crime Tips Hotline	340-3599

**To All Pistol License Applicants**

Please note: All prior arrests must be disclosed on your application forms. This includes any court action that was dismissed, ACD, sealed by the court, or juvenile status.

A court disposition must be included for every arrest.

Failure to comply with these instructions will result in the declination of the pistol license application.

**ALL PRIOR ARRESTS MUST BE DISCLOSED  
REGARDLESS OF THE DISPOSITION**

By signing below the applicant acknowledges that he/she has read the foregoing and understands its content. Applicant acknowledges that any false answer on the application constitutes the felony of perjury.

Name (print): \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Signed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary



# 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