Instructions for Transfer In/Out of Pistol Permit

According to the Issuing Officer, a licensee must have a residence in the issuing county. If they do not, they must transfer their pistol license to the county of their current residence.

Licensee must make the request to the issuing county for their records to be transferred to their current county of residence.

Licensee completes the following forms:

1. Application for transfer of Pistol License
2. Confidential Data for Transfer of Pistol License
3. National Instant Background Check Certification
4. Authorization for Release of Information

The fee for transferring is $5.00

Please make checks payable to the St. Lawrence County Clerk

Thank you
St Lawrence County Clerk’s Office
Pistol Permit Section
48 Court Street
Canton, NY 13617
Phone: (315) 379-2237
Fax (315)379-2302

Application for Transfer of Pistol Permit

I, ____________________________ hereby certify that I now reside at:

________________________________________________________________________

and hereby apply to the County Court of St. Lawrence County for a transfer of my pistol permit records concerning the following weapons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

To the appropriate office in the county of _________________.

I further certify that I have not been arrested, indicted, or convicted of any criminal offense since the original license was issued.

Dated: ________________

Applicant’s Signature

OFFICE INFORMATION:

Pistol License Number: ____________, St Lawrence County
Date of Issuance: ________________
Transfer License Number: ____________, ____________ County
Date of Issuance: ________________

Honorable Gregory P. Storie,
County Court Judge

Cc: New York State Police, Albany New York
NATIONAL INSTANT CRIMINAL BACKGROUND CHECK CERTIFICATION APPLICATION

The Brady Handgun Violence Protection Act, enacted into law November 30th, 1993, which amends the Gun Control Act of 1968, specifies categories of persons who are prohibited from possessing firearms. Relative to this act, please answer the following questions:

PISTOL PERMIT #: _________   DATE ISSUED: __ / __ / ___

NAME: ________________________
   LAST       FIRST       MI

911 ADDRESS: _____________________________

SOCIAL SECURITY NUMBER (XXXX-XX-____): __________

DATE OF BIRTH: ___ / ___ / ___   PLACE OF BIRTH: __________

HEIGHT: ___________________________   WEIGHT: ______

RACE: ____________________________   SEX: __________

HAIR: ____________________________   EYE: __________

1. Have you ever been convicted of a misdemeanor crime of domestic violence? ______
   If yes, are you the subject of a presently existing court order of protection? ______

2. Are you under indictment for or have been convicted of a felony? ______

3. Are you a fugitive from justice? ______

4. Have you been adjudicated as a mental defective or been committed to a mental institution? ______

5. Are you an illegal user of, or addicted to any controlled substances? ______

6. Are you an alien currently residing illegally in the United States? ______

7. Have you renounced your American Citizenship? ______

8. Have you been dishonorably discharged from the Armed Forces? ______

If you answered yes to any of the above questions, please provide an explanation, including the date, the court, and the state of any convictions or orders of protection in the space below:

____________________________________________________________________________

____________________________________________________________________________

Affirmed under the penalty of perjury this ______ day of ________________, 20__.

________________________________________
Signature of Applicant
Confidential Data for Transfer of Pistol License

Name of Applicant: __________________________

Old Address: __________________________

New Address: __________________________

Present Occupation: __________________________

Employed by: __________________________

Business Address: __________________________

Nationality: __________________________

Social Security #: __________________________

Date of Birth: ______ Age: ______

Height: ______ Weight: ______ Phone #: __________________________

Has your pistol license ever been revoked/ canceled? ______

Signature: __________________________ Date: ______
AUTHORIZATION FOR RELEASE OF INFORMATION

To: Any Local, State or Federal Law Enforcement Agency; Any State, County or Municipal Bureau or Vital Statistics Office; Any Hospital, Health Agency, Physician, Physician’s Assistant or Laboratory; All Canadian Law Enforcement Agencies; Other______________________

☐ I am applying for a New York State Pistol Permit in ________________ County.

-OR-

☐ I request my New York State Pistol Permit in ________________ County be transferred to ______________________ County.

I am aware that my background will be thoroughly investigated, and I hereby authorize and request the release of any and all information you have that concerns me to a representative of the New York State Police and/or a representative of the county court system which is processing my pistol permit. This authorization, or reproduction thereof, shall be valid for a period of one year from the date of execution of this document. This information may consist of interviews, treatment records, behavioral health/psychiatric treatment records, drug and alcohol treatment records, and/or general records retained during the course of your business.

Full Name

Date of Birth

Address

Address

Social Security Number

Applicant’s Signature

Date

Witness’ Name

Witness’ Signature

Date of Signing

Date of Birth

Address

Address