

## **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 30<sup>th</sup>, 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 (OPTIONAL): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**St. Lawrence County Clerk  
Pistol Permit Office**

48 COURT STREET, COUNTY COURTHOUSE  
CANTON, NEW YORK 13617-1198  
315-379-2237 FAX 315-379-2302

**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; or any New York State Mental Health Database; or 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 respective 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.

Full Name

Date of Birth

Address

Address

Social Security Number

Applicant's Signature

Date of Signing

Witness' Signature

Witness' Full Name

Date of Signing

Date of Birth

Address

Address