

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. Outdoor Sports License (transferring IN only)

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: _____

Restrictions: _____

Honorable Tatiana Coffinger,
Acting County Court Judge

Cc: New York State Police, Albany New York

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Has your pistol license ever been revoked/ canceled?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:** _____

IMPORTANT

Outdoor Sports License

(Carry Concealed with Restrictions)

You have been issued a pistol license to carry a concealed pistol with restrictions.

Those restrictions allow you to carry a concealed pistol when:

- 1) Hunting;
- 2) Trapping;
- 3) Target shooting; and
- 4) Participating in the recreational activities of camping, horseback riding,

snowmobiling, ATVing, hiking, canoeing, skiing, snowshoeing, fishing, bird watching, or berry picking on property which you own or have explicit permission to be on, or on property owned by a governmental authority and which is open for such activities. This list is not an exhaustive list of all permitted outdoor sports activities.

This license **does** authorize possession of a weapon in your home.

This license does not authorize you to carry a concealed pistol on property owned by a governmental authority where possession of a pistol is specifically prohibited.

The restriction limits the occasion and circumstances under which you may carry a concealed pistol.

You may not carry a concealed pistol unless you are engaging in the activity listed as a restriction. You are permitted to carry a concealed pistol while engaging in that activity or while traveling to or from that activity. You are also permitted to carry a concealed pistol when traveling to or from and while attending or visiting any New York State licensed gun dealer's place of business or any show, convention, or sales display at which a New York State licensed gun dealer is set up.

CARRYING A CONCEALED PISTOL OTHER THAN WHEN INVOLVED IN THE PERMITTED ACTIVITIES IS A VIOLATION OF THE LICENSE RESTRICTIONS AS WELL AS A VIOLATION OF THE PENAL LAW.

I hereby acknowledge the restrictions placed upon me as a result of being issued a carry concealed with restrictions pistol license and I agree to abide by those conditions.

Applicants Printed Name

Applicant's Signature

Sworn to before me this

Applicant's Address

_____ day of _____, 20____.

Notary Public