

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

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Has your pistol license ever been revoked/ canceled?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; 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