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 (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
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