

# TOMPKINS COUNTY SHERIFF'S OFFICE

SHERIFF DEREK R. OSBORNE

UNDERSHERIFF JENNIFER K. OLIN

NEW YORK

779 Warren Road  
Ithaca, NY 14859

Phone  
(607) 257-1345

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## TOMPKINS COUNTY PISTOL PERMIT PROCESS TO UPGRADE FROM "POSSESS ON PREMISES" OR "POSSESS WHILE EMPLOYED" TO "CARRY CONCEALED"

- Please complete the top portion of this questionnaire along with the attached application page.
- You must have taken an approved training course and must bring a copy of the training certificate to your appointment.
- Please call the Sheriff's Office at (607) 257-1345, Option 2, to schedule an appointment.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Address: \_\_\_\_\_

Pistol License #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Have you been arrested, indicted, or convicted of any criminal offense, been the subject of an order of protection, been a patient at any mental institution, or had your license suspended/revoked since the above license was issued?

YES     NO    If YES, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Official Use Only

Copy of Training Certificate      Social Media Checked      Inhouse Records Checked

Relationships/Household Members Checked      In-Person Interview Complete

Recommend Upgrade?  YES     NO : \_\_\_\_\_

Investigating Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**State of New York**  
 Pistol/Revolver License Application  
 Semi-Automatic Rifle License Application

**Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**

**CURRENT MARRIAGE OR RELATIONSHIP**

What is the Applicant's current relationship status?

If applicable, provide the requested information regarding the Applicant's current relationship below.

| Last Name    | First Name | M.I. | Maiden Name (If Applicable) | DOB |
|--------------|------------|------|-----------------------------|-----|
|              |            |      |                             |     |
| Phone Number |            |      |                             |     |
|              |            |      |                             |     |

Do minors reside within the residence?  Yes  No      If, yes:  Part Time  Full Time

**ADULTS RESIDING IN HOME, INCLUDING ADULT CHILDREN**

| Last Name    | First Name | M.I. | Maiden Name (If Applicable) | DOB |
|--------------|------------|------|-----------------------------|-----|
|              |            |      |                             |     |
| Phone Number |            |      |                             |     |
|              |            |      |                             |     |

| Last Name    | First Name | M.I. | Maiden Name (If Applicable) | DOB |
|--------------|------------|------|-----------------------------|-----|
|              |            |      |                             |     |
| Phone Number |            |      |                             |     |
|              |            |      |                             |     |

| Last Name    | First Name | M.I. | Maiden Name (If Applicable) | DOB |
|--------------|------------|------|-----------------------------|-----|
|              |            |      |                             |     |
| Phone Number |            |      |                             |     |
|              |            |      |                             |     |

**Social Media Accounts-THIS SECTION ONLY APPLIES TO CARRY CONCEALED**

**LIST FORMER AND CURRENT SOCIAL MEDIA ACCOUNTS FOR THE PAST THREE YEARS**

|  |
|--|
|  |
|  |
|  |

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

PISTOL LICENSE #: \_\_\_\_\_