

# TOMPKINS COUNTY SHERIFF'S OFFICE

SHERIFF DEREK R. OSBORNE

UNDERSHERIFF JENNIFER K. OLIN

NEW YORK

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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 #: \_\_\_\_\_