

SCHENECTADY COUNTY PISTOL PERMIT APPLICATION INSTRUCTIONS

UNRESTRICTED CARRY CONCEALED APPLICANTS must complete the following:

1. **An ORIGINAL SAFETY AND LIVE FIRE COURSE** showing you have completed a 16-hour in-person live firearms safety course conducted by a duly authorized instructor approved by the division of criminal justice services and the superintendent of state police, and a minimum of two hours of a live-fire range training course. (An applicant may be in possession of a pistol or revolver while undergoing live-fire range training supervised by a duly authorized instructor.)

2. Please provide the following to the safety course provider:
 - a. Names and contact information for the applicant's current spouse, or domestic partner, any other adults residing in the applicant's home, including any adult children of the applicant, and whether or not there are minors residing, full time or part time, in the applicant's home.

 - b. A list of former and current social media accounts of the applicant from the past three years.

**This must be on the Schenectady County Concealed Carry Disclosure Form below. **

What Happens Next:

- Upon receipt of the above requirements from your course provider:
- **UNRESTRICTED CARRY CONCEALED APPLICANTS MUST PERSONALLY MEET WITH THE JUDGE.** When the Judge completes his evaluation of your application, **YOU WILL BE NOTIFIED BY MAIL** of the **date and time** you will personally meet with the judge.
- After meeting with the Judge, please call the County Clerk Pistol Permit Desk at (518)388-4225 to schedule your amendment appointment.
- **Your permit will be amended and issued at that appointment. There is a \$10 fee due at the time of permit issuance.**
- Payment can be made by cash or personal check payable to the Schenectady County Clerk.

**SCHENECTADY COUNTY CONCEALED CARRY
DISCLOSURE FORM**

| Personal Information | | | | |
|--|------------|-------------|--------|-----------|
| Last Name | First Name | Middle Name | Suffix | |
| | | | | |
| Street Name (Physical Address) | Apt # | City | | State Zip |
| | | | | |
| Mailing Address (If Different than Physical) | Apt # | City | | State Zip |
| | | | | |

| Marital Status and Relationships-THIS SECTION ONLY APPLIES TO CARRY CONCEALED | | | | |
|---|------------|------|-----------------------------|-----|
| CURRENT MARRIAGE OR RELATIONSHIP | | | | |
| What is the Applicant's current relationship status? <input type="text"/> | | | | |
| If applicable, provide the requested information regarding the Applicant's <u>current</u> relationship below. | | | | |
| Last Name | First Name | M.I. | Maiden Name (If Applicable) | DOB |
| | | | | |
| Phone Number | | | | |
| | | | | |
| Do minors reside within the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes: <input type="checkbox"/> Part Time <input type="checkbox"/> 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 | | | | |
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