

IMPORTANT UPDATE

Pistol Permit Holder Exemption Form Disclosure Form - Please complete the form below and return to:

Ulster County Clerk's Office
244 Fair Street
Kingston, NY 12401

This form released by the New York State Police on February 15, 2013 allows a pistol permit holder to request that their name and address not be made public. Failure to apply for the exemption leave the name and address as a public record.

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: **an applicant** for a firearms license **currently licensed** to possess a firearm in NYS

Name _____ Date of Birth _____

Address _____ City _____ State _____

Firearms License # (if applicable) _____ Date Issued _____

Licensing Authority / County of Issuance or Application _____

I hereby request that any information concerning my firearms license application or firearms license not be a public record. The grounds for which I believe my information should **NOT** be publicly disclosed are as follows: *(check all that are applicable)*

1. My life or safety may be endangered by disclosure because:

- A. I am an active or retired police officer, peace officer, probation officer, parole officer, or corrections officer;
- B. I am a protected person under a currently valid order of protection;
- C. I am or was a witness in a criminal proceeding involving a criminal charge;
- D. I am participating or previously participated as a juror in a criminal proceeding, or am or was a member of a grand jury;

2. My life or safety or that of my spouse, domestic partner or household member may be endangered by disclosure for some other reason explained below: *(Must be explained in item 5 below)*

3. I am a spouse, domestic partner or household member of a person identified in A, B, C or D of question 1.

(Please check any that apply)

A _____ B _____ C _____ D _____

4. I have reason to believe that I may be subject to unwarranted harassment upon disclosure.

5. *(Please provide any additional supportive information as necessary)*

I understand that false statements made herein are punishable as a class A misdemeanor. I further understand that upon discovery that I knowingly provided any false information, I may be subject to criminal penalties and that this request for an exemption shall become null and void.

Signature

Date