

TOMPKINS COUNTY SHERIFF'S OFFICE

SHERIFF DEREK R. OSBORNE
UNDERSHERIFF JENNIFER K. OLIN

NEW YORK

779 Warren Road
Ithaca, NY 14859

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UPGRADE FROM A POSSESS PERMIT TO A CARRY-CONCEALED

- You must complete an approved 18-hour firearm safety training course; see a complete list of approved instructors on our website.
- Fill out the top portion of this questionnaire along with the attached Carry Concealed form and bring them along with a copy of your 18-hour training course certificate to our office.

Name: _____ DOB: _____

Full Address: _____

Phone #: _____ 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: _____

Official Use Only

Spillman # _____ New Carry Concealed Permit # _____

☐ Copy of Training Certificate ☐ Inhouse Records ☐ In-Person Interview Complete

Recommend Upgrade? ☐ YES ☐ NO Comments: _____

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				

NAME: _____

DOB: _____

PISTOL LICENSE #: _____