

## STATE OF NEW YORK FIREARMS LICENSE AMENDMENT

NYSID# \_\_\_\_\_

DATE: \_\_\_\_\_

LICENSE TO AMEND (check one):

Onondaga COUNTY LICENSE      OR       NEW YORK STATE POLICE PISTOL LICENSE

NAME	D.O.B.	NY DRIVER'S LICENSE NO. (or NY NON-DRIVER ID NO.)
STREET	C-T-V	COUNTY

PISTOL LICENSE NUMBER	DATE ISSUED
DUPLICATE LICENSE NUMBER	DATE ISSUED
TRANSFER LICENSE NUMBER	DATE ISSUED
TRANSFERRED FROM	DATE
TRANSFERRED TO	DATE

CIRCLE APPROPRIATE TRANSACTION(S)

ACQUIRED     DISPOSED     MOVED     NAME CHANGED     TRANSFER     LOST/STOLEN FIREARM  
 DUPLICATE     SURRENDERED     REVOKED     DECEASED     OTHER: \_\_\_\_\_

AMEND LICENSE FOR THE FOLLOWING

1. NEW NAME \_\_\_\_\_
2. NEW ADDRESS \_\_\_\_\_
3. FOLLOWING WEAPON(S) ACQUIRED FROM: (NAME, ADDRESS) \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

4. FOLLOWING WEAPON(S) DISPOSED TO: (NAME, ADDRESS) \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

5. FOLLOWING WEAPON(S) HAS BEEN: (CIRCLE ONE)     LOST     STOLEN     DESTROYED  
 LAW ENFORCEMENT AGENCY REPORTED TO: \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

HAVE YOU BEEN ARRESTED, INDICTED, OR CONVICTED OF ANY CRIMINAL OFFENSE, BEEN THE SUBJECT OF AN ORDER OF PROTECTION, OR BEEN A PATIENT AT ANY MENTAL INSTITUTION SINCE THE ABOVE LICENSE WAS ISSUED?     NO     YES  
 IF YES, GIVE DETAILS ON REVERSE.

LICENSING OFFICER	SIGNATURE OF LICENSEE
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# SUPPLEMENTAL PISTOL LICENSE APPLICATION

of

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH A "YES" OR "NO" ANSWER. FOR ANY "YES" ANSWER, SUBMIT A SHORT EXPLANATION.

1. Since your pistol license was initially issued, have you undergone treatment for alcoholism or drug use?

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2. Since your pistol license was initially issued, have you suffered any mental illness or been confined to any hospital, public, or private institution for mental illness?

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3. Since your pistol license was initially issued, have you had a pistol license, dealers license, gunsmith license, or any application for such a license disapproved or had such a license suspended or revoked?

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4. Since your pistol license was initially issued, have you developed any physical condition which would interfere with the safe and proper use of a handgun?

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5. Since your pistol license was initially issued, have you been charged, petitioned against, named a respondent, or otherwise been the subject of a Family Court proceeding in any court in the United States or elsewhere?

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6. Since your pistol license was initially issued, have you been arrested, or charged, or given an appearance ticket, or indicted, or convicted of any offense anywhere in the United States or in any foreign country, except minor traffic infractions, but including Reckless Driving, Leaving the Scene of an Accident, and Driving While Ability Impaired, and Driving While Intoxicated?

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I hereby affirm, under the penalties of perjury, that all of the above answers are true and correct. I fully understand that any false statement made in connection with the above answers is sufficient to cause me to have my existing Pistol License revoked, and will constitute a crime punishable by imprisonment.

Print Name: \_\_\_\_\_

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

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