

Onondaga County Sheriff-s Office – Pistol License Unit
Pistol License Transfer Form

Request for Transfer of Pistol License Records. A \$5 transfer fee is to be included with this completed form.

Send to: Pistol License Unit or FAX (315)435-2043
407 S. State Street
Syracuse, NY 13202

Name: _____ Holder of _____ County

Pistol Permit License #: _____ Issued on: _____

Hereby certifies that my former address was (Street City & Zip Code):

Current address is (Street, City & Zip Code):

I hereby request that my Permit Records be transferred to the Appropriate Office in

_____ County

Update Information:

Date of Birth: _____ Occupation/Employer: _____

Phone #: _____ Cell # _____ Work Phone #: _____

SS#: _____ Place of Birth (City & State): _____

Height: _____ Weight: _____ Sex: _____ Race: _____

Hair Color: _____ Eye Color: _____

Weapons presently on my permit:

Make	Caliber	Serial #	Model	Rev/Auto
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ Date: _____

To be Completed by the Onondaga County Sheriff's Office – Pistol License Unit

Records Transferred: _____ Records Received: _____