

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) 435-3043  
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: \_\_\_\_\_