PPB-5 (REV. 02/17)

STATE OF NEW YORK

PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # _____ Date: _____

Amendment form for (check one):

☒ ONONDAGA County License OR ☐ New York State Police Pistol License

Name	Date of Birth	NY Driver's License No. (or NY Non-Driver ID No.)
Physical Address (street, city, state, zip)		
Mailing Address (if different)		

Pistol License Number _____ Date Issued _____

Duplicate License Number _____ Date Issued _____

Transfer License Number _____ Date Issued _____

Transferred From _____ Transferred To _____

TRANSACTION TYPE(S) *(Check all that apply)*:

☐ Acquired ☐ Address Change ☐ Deceased ☐ Disposed ☐ Duplicate ☐ Lost / Stolen Firearm ☐ Name Change

☐ Revoked ☐ Surrendered ☐ Suspended ☐ Transfer ☐ Other _____

AMEND LICENSE FOR THE FOLLOWING

1. New Name _____
2. New Physical Address _____
3. New Mailing Address (If different) _____
4. Following Weapon(s) Acquired From: (Name, Address) _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			☐		
			☐		
			☐		

5. Following Weapon(s) Disposed to: (Name, Address) _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			☐		
			☐		
			☐		

6. Following Weapons(s) has been: ☐ Lost ☐ Stolen ☐ Destroyed

Law Enforcement Agency Reported To: _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	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? ☐ Yes ☐ No If **Yes**, give details on reverse.

_____ Licensing Officer

_____ Signature of Licensee

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_____ Licensing Officer

_____ Signature of Licensee

HANDGUN SALE AFFIDAVIT

This form can only be utilized by immediate family members (spouses, children and step children).

Date:_____ Lock Provided (circle) **YES** or **NO**

I, _____sold the following:

Make _____	Make_____	Make_____
AUTO/REV_____	AUTO/REV_____	AUTO/REV_____
Model_____	Model_____	Model_____
Caliber_____	Caliber_____	Caliber_____
Serial #_____	Serial #_____	Serial #_____

To:_____

Address_____

County:_____

Pistol License #_____

Signature: _____

Address: _____

_____

County: _____

Pistol License #:_____

Notary or Commissioner of Deeds (If not in person):

Sworn before me on this _____day of _____20___personally appeared to me herein described in the foregoing affidavit.

_____ Expiration:_____

Notary/Commissioner of Deeds