

**APPLICATION FOR A DUPLICATE LICENSE**

**APPOINTMENT NECESSARY**

Please complete and return. We will contact you to schedule an appointment once paperwork is received.  
All appointments are scheduled **two weeks (minimum)** out to allow time for processing.

**Send to:** Pistol License Unit  
407 S. State Street  
Syracuse, NY 13202

Appointment date: \_\_\_\_\_

Email: [PistolLicenseUnit@ongov.net](mailto:PistolLicenseUnit@ongov.net) OR Fax: (315) 435-3043

I, \_\_\_\_\_ currently reside at \_\_\_\_\_  
\_\_\_\_\_. Occupation: \_\_\_\_\_  
(City and State and Zip Code)

Employer: \_\_\_\_\_, SSN: # \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ (City & State)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ NY Driver License # \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email \_\_\_\_\_

Pistol License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**Do hereby make application for a duplicate license for the following weapons:**

**MAKE                      CALIBER                      SERIAL #                      MODEL                      REV/AUTO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the above information is true and that I have not been confined to a mental institution or been arrested, indicted or convicted of any offense since the license was issued.  
(If so, please give specifics on back of form)**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_