

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**

- New Name \_\_\_\_\_
- New Physical Address** \_\_\_\_\_
- New Mailing Address (if different)** \_\_\_\_\_
- Following Weapon(s) Acquired From: (Name, Address) \_\_\_\_\_

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

- Following Weapon(s) Disposed to: (Name, Address) \_\_\_\_\_

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

- 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
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

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**