

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** NO LONGER JOINT USE

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

HANDGUN AFFIDAVIT – REMOVING JOINT USE

Date: _____

I, _____ request that

_____ no longer have joint use of the following handguns:

Make _____	Make _____	Make _____
AUTO/REV _____	AUTO/REV _____	AUTO/REV _____
Model _____	Model _____	Model _____
Caliber _____	Caliber _____	Caliber _____
Serial # _____	Serial # _____	Serial # _____

Primary/Original Purchaser:

Signature: _____ Address: _____

County: _____ Pistol License #: _____

Joint Use Individual:

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.

Notary/Commissioner of Deeds

Expiration: _____