

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
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:

<u>Make</u>	<u>Caliber</u>	<u>Serial #</u>	<u>Model</u>	<u>Rev/Auto</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ Date: _____

To be Completed by the Onondaga County Sheriff's Office – Pistol License Unit

Records Transferred: _____ Records Received: _____

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	Onondaga _____	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