

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # _____

Date: _____

Amendment form for (check one):

☒ ONONDAGA County License OR ☐ New York State Police 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/Semi-Automatic Rifle 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
☐ Email Address
☐ Other _____
 Semi-Automatic Rifle License
☐ Add
☐ Remove
 Pistol/Revolver License
☐ Add
☐ Remove
 License Type
☐ Carry Concealed
☐ Possess on Premises
☐ Possess/Carry During Employment

AMEND LICENSE FOR THE FOLLOWING

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

***Numbers 5, 6, and 7 DO NOT APPLY TO SEMI-AUTOMATIC RIFLES**

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

6. 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"/>		

7. 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"/>		

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

Use the boxes below if additional space is needed.

[illegible]

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

☐ Acquired ☐ Address Change ☒ Deceased ☒ Disposed ☐ Duplicate ☐ Lost / Stolen Firearm ☐ Name Change
☐ Revoked ☐ Surrendered ☐ Suspended ☐ Transfer ☐ Email Address ☐ Other _____

Semi-Automatic Rifle License ☐ Add ☐ RemovePistol/Revolver License ☐ Add ☐ RemoveLicense Type ☐ Carry Concealed ☐ Possess on Premises ☐ Possess/Carry During Employment**AMEND LICENSE FOR THE FOLLOWING**

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			<input type="checkbox"/>		
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			<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

Use the boxes below if additional space is needed.

[illegible]

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.

Notary/Commissioner of Deeds

Expiration: _____