

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** JOINT USE
 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

- New Name _____
- New Physical Address _____
- New Mailing Address (If different) _____
- 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

HANDGUN AFFIDAVIT – JOINT USE

This form can only be utilized by immediate family members (spouses, children and step children) who reside in the same household.

Date: _____

I, _____ request that

_____ 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 # _____

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: _____