

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

