

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 **NO LONGER 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

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]

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: _____