

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

- New Name _____
- New Physical Address _____
- New Mailing Address (If different) _____
- New Email Address _____
- 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"/>		

- 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"/>		

- 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

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:

Make	Caliber	Serial #	Model	Rev/Auto
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ Date: _____

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

Records Transferred: _____ Records Received: _____