

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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☐ 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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[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: _____

**Onondaga County Sheriff's Office
Pistol License Unit**

Joint Use & Private Sale Transfer – NYS NICS Check Questionnaire

****Required for ANYONE doing Joint Use or a Private Sale Transfer – No Exceptions****

Personal Information:

First Name: * _____

Middle Name: _____ No Middle Name ☐

Last Name: * _____

Suffix: _____

Gender: * ☐ MALE ☐ FEMALE ☐ OTHER

Height: * _____

Weight: * _____

Race: * ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Unknown ☐ White

Ethnicity: * ☐ Hispanic or Latino ☐ Non_Hispanic or Latino

Date of Birth: * _____

Select one that applies: *

- ☐ Honorably discharged from the military
- ☐ Still an active member of the military
- ☐ Never joined military
- ☐ Dishonorably discharged from the military

Additional Names/Aliases:

Have you been known by any name or names other than the above? * ☐ Yes ☐ No

If yes, list full name(s):

Place of Birth

Country: * _____

State: * _____

City: * _____

Identification Information:

Occupation:* _____

Do you have a valid driver's license?* ☐ Yes ☐ No

If Yes:

Drivers License State:* _____

Drivers license Number:* _____

If No:

Type of valid government ID being used:* _____

Valid government ID Number:* _____

US Citizen:* ☐ Yes ☐ No

If No:

County of citizenship:* _____

Government ID:*

☐ Alien registration number _____

OR

☐ Non-immigrant admissions number _____

Is the purchaser an alien who has been admitted to the US under a non-immigrant visa? *

☐ Yes ☐ No

If yes:

Does the purchaser fall within any of the exceptions stated in form 4473 instructions? *

☐ Yes ☐ No

Social Security Number:* _____

Unique Personal Identification Number (UPIN): _____

Residential Address:

Street Address:* _____

City*: _____

State*: _____

Zip Code*: _____

Reside in city limits?*

☐ Yes ☐ No

Contact Information:

Email: _____

Primary Phone: _____

Signature:* _____ Date:* _____

***Required**