PPB-5 (REV. 08/22)

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

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
			☐		
			☐		

6. Following Weapon(s) Disposed to: (Name, Address) _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			☐		
			☐		

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
			☐		

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.

Acquired, Disposed, Lost, Stolen or Destroyed	Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
				☐		
				☐		
				☐		
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				☐		
				☐		
				☐		

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:_____

Rev. 8/23/17