

**STATE OF NEW YORK**  
 PISTOL / REVOLVER LICENSE AMENDMENT  
 SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

**NYSID # (OFFICIAL USE ONLY)** \_\_\_\_\_

**Date:** \_\_\_\_\_

Amendment form for (check one):

\_\_\_\_\_ County License      OR       New York State Police License

<b>Name</b>	<b>Date of Birth</b>	<b>Driver's License No. (or Non-Driver ID No.)</b>	<b>License State</b>
<b>Physical Address (street, city, state, zip)</b>			
Mailing Address (if different)			

<b>Pistol/Semi-Automatic Rifle License Number</b> _____	<b>Date Issued</b> _____
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. Business Name of NYS Dealer Performing NICS Check \_\_\_\_\_
6. Following Weapon(s) Acquired From: (Name, Address) \_\_\_\_\_

**\*Numbers 6, 7 and 8 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"/>		

7. **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"/>		

8. 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**



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Licensing Officer

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**Signature of Licensee**



