

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

| | | | |
|--|----------------------|--|----------------------|
| Name | Date of Birth | Driver's License No. (or Non-Driver ID No.) | License State |
| 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. **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

