

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

HANDGUN AFFIDAVIT – REMOVING JOINT USE

Date: _____

I, _____ request that

_____ no longer 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 # _____

Primary/Original Purchaser:

Signature: _____ Address: _____

County: _____ Pistol License #: _____

Joint Use Individual:

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: _____