

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

Onondaga County Sheriff-s Office – Pistol License Unit
Pistol License Transfer Form

Request for Transfer of Pistol License Records. A \$5 transfer fee is to be included with this completed form.

Send to: Pistol License Unit
407 S. State Street
Syracuse, NY 13202

Name: _____ Holder of _____ County

Pistol Permit License #: _____ Issued on: _____

Hereby certifies that my former address was (Street City & Zip Code):

Current address is (Street, City & Zip Code):

I hereby request that my Permit Records be transferred to the Appropriate Office in

_____ County

Update Information:

Date of Birth: _____ Occupation/Employer: _____

Phone #: _____ Cell # _____ Work Phone #: _____

SS#: _____ Place of Birth (City & State): _____

Height: _____ Weight: _____ Sex: _____ Race: _____

Hair Color: _____ Eye Color: _____

Weapons presently on my permit:

Make	Caliber	Serial #	Model	Rev/Auto
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ Date: _____

To be Completed by the Onondaga County Sheriff's Office – Pistol License Unit

Records Transferred: _____ Records Received: _____