		DISTOL / D	STATE OF NEW Y		DMENT					
NYSID #			PISTOL / REVOLVER LICENSE AMENDMENT  Date:							
Am	nendment form for (check one):									
		County License C		OR	☐ New York State Police Pistol Licen					
Na	ame		Date of Birth		NY Driver's License	No. (or NY Non-Driver ID No.)				
Ph	ysical Address (street, city, stat	te, zip)								
Ma	ailing Address (if different)									
Diet	ol License Number			Date	leguad					
Dup	olicate License Number		Date Issued Date Issued							
Tra	nsfer License Number _ nsferred From		Date Issued Transferred To							
Ha										
		· ·	CTION TYPE(S)							
	Acquired									
☐ F	Revoked   Surrendered	☐ Suspended ☐	Transfer $\square$ Othe	r						
		AMEND L	ICENSE FOR TH	E FOLLO	WING					
1.	New Name									
	New Physical Address _									
3.	New Mailing Address (If o	different)								
	Following Weapon(s) Acc									
		Pistol / Revolver /		Frame						
	Manufacturer	Single Shot	Model	Only	Caliber(s)	Serial Number				
5.	Following Weapon(s) Dis	posed to: (Name, Ad	dress)							
	Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number				
6.	Following Weapons(s) ha	as been:  Lost [	☐ Stolen ☐ Des	stroyed						
	Law Enforcement	Agency Reported To	o:	-						
	Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number				

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