

STATE OF NEW YORK  
**PISTOL / REVOLVER LICENSE AMENDMENT**

NYSID # \_\_\_\_\_

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

Amendment form for (check one):

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

|   |               |   |
|---|---------------|---|
| Name  | Date of Birth | NY Driver's License No. (or NY Non-Driver ID No.) |
| Physical Address (street, city, state, zip) |               |   |
| Mailing Address (if different)              |               |   |

|                                |                      |
|--------------------------------|----------------------|
| Pistol 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    Other \_\_\_\_\_

**AMEND LICENSE FOR THE FOLLOWING**

1. New Name \_\_\_\_\_
2. New Physical Address \_\_\_\_\_
3. New Mailing Address (If different) \_\_\_\_\_
4. Following Weapon(s) Acquired From: (Name, Address) \_\_\_\_\_

| Manufacturer | Pistol / Revolver / Single Shot | Model | Frame Only               | Caliber(s) | Serial Number |
|--------------|---------------------------------|-------|--------------------------|------------|---------------|
|              |                                 |       | <input type="checkbox"/> |            |               |
|              |                                 |       | <input type="checkbox"/> |            |               |
|              |                                 |       | <input type="checkbox"/> |            |               |

5. 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"/> |            |               |
|              |                                 |       | <input type="checkbox"/> |            |               |

6. 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"/> |            |               |
|              |                                 |       | <input type="checkbox"/> |            |               |
|              |                                 |       | <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

