

STATE OF NEW YORK

FIREARMS LICENSE AMENDMENT

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

DOB \_\_\_\_\_

AMENDMENT FORM FOR \_\_\_\_\_ COUNTY

DATE \_\_\_\_\_

OR NYSP PISTOL LICENSE (CIRCLE IF APPROPRIATE)

NAME	STREET	C-T-V	COUNTY
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PISTOL LICENSE NUMBER _____	DATE ISSUED _____
DUPLICATE LICENSE NUMBER _____	DATE ISSUED _____
TRANSFER LICENSE NUMBER _____	DATE ISSUED _____
TRANSFERRED FROM _____	DATE _____
TRANSFERRED TO _____	DATE _____

CIRCLE APPROPRIATE TRANSACTION(S)

ACQUIRED       DISPOSED       MOVED       NAME CHANGE       TRANSFER  
 DUPLICATE       SURRENDERED       SUSPENDED       REVOKED       DECEASED       OTHER \_\_\_\_\_

AMEND LICENSE FOR THE FOLLOWING

- NEW NAME \_\_\_\_\_
- NEW ADDRESS \_\_\_\_\_
- FOLLOWING WEAPON(S) ACQUIRED FROM : (NAME,ADDRESS)

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER
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- FOLLOWING WEAPON(S) DISPOSED TO: (NAME,ADDRESS)

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER
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- FOLLOWING WEAPON(S) HAS BEEN: (CIRCLE ONE)      LOST      STOLEN      DESTROYED  
LAW ENFORCEMENT AGENCY REPORTED TO:

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER
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HAVE YOU BEEN ARRESTED, INDICTED, OR CONVICTED OF ANY CRIMINAL OFFENSE, OR BEEN A PATIENT AT ANY MENTAL INSTITUTION SINCE THE ABOVE LICENSE WAS ISSUED? (CIRCLE ONE)      NO      YES  
IF YES, GIVE DETAILS ON REVERSE

LICENSING OFFICER	SIGNATURE OF LICENSEE
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