

STATE OF NEW YORK FIREARMS LICENSE AMENDMENT

NYSID # _____

DATE _____

LICENSE TO AMEND (check one):

_____ COUNTY LICENSE OR NEW YORK STATE POLICE PISTOL LICENSE

NAME	DOB	NY DRIVER'S LICENSE NO. (or NY NON-DRIVER ID NO.)	
STREET	C-T-V		COUNTY

PISTOL LICENSE NUMBER _____	DATE ISSUED _____
DUPLICATE LICENSE NUMBER _____	DATE ISSUED _____
TRANSFER LICENSE NUMBER _____	DATE ISSUED _____
TRANSFERRED FROM _____	DATE _____
TRANSFERRED TO _____	DATE _____

TRANSACTION TYPE(S) (check all that apply):

ACQUIRED DISPOSED MOVED NAME CHANGE TRANSFER LOST/STOLEN FIREARM
 DUPLICATE SURRENDERED REVOKED DECEASED OTHER _____

AMEND LICENSE FOR THE FOLLOWING

1. NEW NAME _____
2. NEW ADDRESS _____
3. FOLLOWING WEAPON(S) ACQUIRED FROM: (NAME, ADDRESS) _____

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

4. FOLLOWING WEAPON(S) DISPOSED TO: (NAME, ADDRESS) _____

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

5. FOLLOWING WEAPON(S) HAS BEEN: LOST STOLEN DESTROYED
 LAW ENFORCEMENT AGENCY REPORTED TO: _____

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

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? NO YES
IF YES, GIVE DETAILS ON REVERSE.

LICENSING OFFICER	SIGNATURE OF LICENSEE
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