

STATE OF NEW YORK  
PISTOL / REVOLVER LICENSE AMENDMENT  
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # \_\_\_\_\_  
(Official Use Only)

Date: \_\_\_\_\_  
(Official Use Only)

Amendment form for (check one):

\_\_\_\_\_ County License      OR       New York State Police 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/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**

- New Name \_\_\_\_\_
- New Physical Address \_\_\_\_\_
- New Mailing Address (If different) \_\_\_\_\_
- New Email Address \_\_\_\_\_
- Following Weapon(s) Acquired From: (Name, Address) SARATOGA WEAPONS AND TACTICAL, 6 SkipperHill Lane, Malta, NY 12020  
**\*Numbers 5, 6, and 7 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"/>		

- 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"/>		

- 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

Daytime Phone: \_\_\_\_\_

