

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # _____

Date: _____

Amendment form for (check one):

Tompkins 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

- New Name _____
- New Physical Address _____
- New Mailing Address (If different) _____
- 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"/>		

- 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"/>		

- 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