

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

**NYSID#**

**Date:**

Amendment form for (check one)

**CORTLAND** 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		County:
Mailing Address (If different)		

**PISTOL LICENSE NUMBER:**  
**DUPLICATE LICENSE NUMBER:**  
**TRANSFER LICENSE NUMBER:**  
**TRANSFERRED FROM:**  
**TRANSFERRED TO:**

**DATE ISSUED:**  
**DATE ISSUED:**  
**DATE ISSUED:**  
**DATE:**  
**DATE:**

**CIRCLE APPROPRIATE TRANSACTION(S)**

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:** \_\_\_\_\_

*Adding Gun(s)*

MAKE:	TYPE: <i>pistol or revolver</i>	MODEL:	FRAME ONLY:	CALIBER:	SERIAL NUMBER:
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**5. FOLLOWING WEAPON(S) DISPOSED TO:** \_\_\_\_\_

*Removing Gun(s)*

MAKE:	TYPE: <i>pistol or revolver</i>	MODEL:	FRAME ONLY:	CALIBER:	SERIAL NUMBER:
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**6. FOLLOWING WEAPON(S) HAS BEEN: (CIRCLE ONE)**      LOST      STOLEN      DESTROYED

LAW ENFORCEMENT AGENCY REPORTED TO:

MAKE:	TYPE:	MODEL:	FRAME ONLY:	CALIBER:	SERIAL NUMBER:
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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?      CHECK ONE:     NO     YES

IF YES, PROVIDE DETAILS ON REVERSE:

LICENSING OFFICER:	SIGNATURE OF LICENSEE:
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