

NYSID # _____

STATE OF NEW YORK

DOB _____

FIREARMS LICENSE AMENDMENT

AMENDMENT FORM FOR _____ COUNTY

DATE _____

OR NYSP PISTOL LICENSE (CIRCLE IF APPROPRIATE)

NAME	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 _____

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
------	-----------------------	-------	---------	---------------

- FOLLOWING WEAPON(S) DISPOSED TO: (NAME,ADDRESS)

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER
------	-----------------------	-------	---------	---------------

- FOLLOWING WEAPON(S) HAS BEEN: (CIRCLE ONE) 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, 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
-------------------	-----------------------