

NYSID # _____

STATE OF NEW YORK

DOB _____

FIREARMS LICENSE AMENDMENT

DATE _____

(or NYSP Pistol License-circle if appropriate)

Name	Street	City, Town or Village	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 WEAPONS(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