

STATE OF NEW YORK
FIREARMS LICENSE AMENDMENT

NYSID # _____

DOB _____

AMENDMENT FORM FOR _____ COUNTY

DATE _____

OR NYSP PISTOL LICENSE (CIRCLE IF APPROPRIATE)

NAME	STREET	C-T-V	COUNTY
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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

1. NEW NAME _____
2. NEW ADDRESS _____
3. FOLLOWING WEAPON(S) ACQUIRED FROM : (NAME,ADDRESS)

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER
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4. FOLLOWING WEAPON(S) DISPOSED TO: (NAME,ADDRESS)

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER
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5. FOLLOWING WEAPON(S) HAS BEEN: (CIRCLE ONE) LOST STOLEN DESTROYED
LAW ENFORCEMENT AGENCY REPORTED TO:

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER
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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
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