

**STATE OF NEW YORK**  
**PISTOL / REVOLVER LICENSE AMENDMENT**  
**SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT**

Phone# \_\_\_\_\_

NYSID # \_\_\_\_\_

Date: \_\_\_\_\_

Amendment form for (check one):

☐ \_\_\_\_\_ County License      OR      ☐ New York State Police 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/Semi-Automatic Rifle 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   ☐ Email Address   ☐ Other \_\_\_\_\_
Semi-Automatic Rifle License ☐ Add   ☐ RemovePistol/Revolver License      ☐ Add   ☐ RemoveLicense Type   ☐ Carry Concealed   ☐ Possess on Premises   ☐ Possess/Carry During Employment**AMEND LICENSE FOR THE FOLLOWING**

1. New Name \_\_\_\_\_
2. New Physical Address \_\_\_\_\_
3. New Mailing Address (If different) \_\_\_\_\_
4. New Email Address \_\_\_\_\_
5. Following Weapon(s) Acquired From: (Name, Address) \_\_\_\_\_

**\*Numbers 5, 6, and 7 DO NOT APPLY TO SEMI-AUTOMATIC RIFLES**

| Manufacturer | Pistol / Revolver /<br>Single Shot | Model | Frame<br>Only            | Caliber(s) | Serial Number |
|--------------|------------------------------------|-------|--------------------------|------------|---------------|
|              |                                    |       | <input type="checkbox"/> |            |               |
|              |                                    |       | <input type="checkbox"/> |            |               |

6. Following Weapon(s) Disposed to: (Name, Address) \_\_\_\_\_

| Manufacturer | Pistol / Revolver /<br>Single Shot | Model | Frame<br>Only            | Caliber(s) | Serial Number |
|--------------|------------------------------------|-------|--------------------------|------------|---------------|
|              |                                    |       | <input type="checkbox"/> |            |               |
|              |                                    |       | <input type="checkbox"/> |            |               |

7. Following Weapons(s) has been: ☐ Lost   ☐ Stolen   ☐ Destroyed

Law Enforcement Agency Reported To: \_\_\_\_\_

| Manufacturer | Pistol / Revolver /<br>Single Shot | Model | Frame<br>Only            | Caliber(s) | Serial Number |
|--------------|------------------------------------|-------|--------------------------|------------|---------------|
|              |                                    |       | <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

Use the boxes below if additional space is needed.

[illegible]

### **AFFIRMATION**

\_\_\_\_\_ hereby affirms and states:  
(Print name clearly)

I am the holder of Schoharie County Pistol Permit No. \_\_\_\_\_.

#### Check One

\_\_\_\_\_ I am required to recertify my Carry Concealed Pistol Permit every three years.  
Permit issued date \_\_\_\_\_.  
Date recertification was completed on \_\_\_\_\_.  
Recertification number is \_\_\_\_\_.

\_\_\_\_\_ My Carry Concealed Pistol Permit was issued on \_\_\_\_\_.  
Required recertification date \_\_\_\_\_.

\_\_\_\_\_ I am required to re-certify my Possess on Premise Permit every five years.  
Permit issue date \_\_\_\_\_.  
Date recertification was completed on \_\_\_\_\_.  
Recertification number is \_\_\_\_\_.

\_\_\_\_\_ My Possess on Premise Pistol Permit was issued on \_\_\_\_\_.  
Required recertification date \_\_\_\_\_.

I sign this affirmation with the full knowledge that the Schoharie County Court will rely on my representation in considering my request for a Supplemental Pistol Permit and/or Amendment.

Affirmed under penalty of perjury this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)

IN A WRITTEN INSTRUMENT, ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT, WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE, HAS COMMITTED A CRIME UNDER THE LAWS OF THE STATE OF NEW YORK PUNISHABLE AS A CLASS A MISDEMEANOR (PENAL LAW SECTION 210.45.)