

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 Remove
Pistol/Revolver License Add Remove
License Type Carry Concealed Possess on Premises Possess/Carry During Employment

AMEND LICENSE FOR THE FOLLOWING

- New Name _____
- New Physical Address _____
- New Mailing Address (If different) _____
- New Email Address _____
- Following Weapon(s) Acquired From: (Name, Address) _____

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

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

- Following Weapon(s) Disposed to: (Name, Address) _____

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

- Following Weapons(s) has been: Lost Stolen Destroyed
Law Enforcement Agency Reported To: _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame 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

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.)