

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

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

SUPPLEMENTAL PISTOL PERMIT LICENSE APPLICATION INSTRUCTIONS

1. Sign the application form in the **presence of a Notary Public** in the spaces provided.
2. The fee is \$5.00. It may be a Personal Check or U. S. Postal Money order payable to: "Schoharie County Sheriff".
3. ****Please include proof of Recertification. If you submitted the paper recertification form indicate you have completed the recertification on the attached Affirmation.****
4. **IMPORTANT:** When submitting this application, kindly include a list of handguns currently registered on your permit on a separate piece of paper. **Please make sure all the firearm information is accurate.**
5. **Return the application forms and \$5.00 fee to:**

Schoharie County Sheriff's Office
P.O. Box 159
157 Steadman Way
Howes Cave, NY 12092

7. If you have any questions, please contact the Pistol Permit Clerk at 518 295-2226.

*****APPLICANTS SHALL NOT BRING ANY FIREARMS INTO THE SCHOHARIE COUNTY PUBLIC SAFETY FACILITY/SHERIFFS OFFICE*****

APPLICATION FOR SUPPLEMENTAL PISTOL PERMIT

State of New York
County of Schoharie

_____ being duly sworn deposes and says:

That he/she resides at _____, NY _____;

that he/she is the holder of Pistol License No. _____ issued on _____.

That said license has never been suspended or revoked, and that deponent has not been convicted of any crime or misdemeanor, or violation of any penal code.

That deponent has never suffered any mental illness, or been confined to any hospital, public or private institution for mental illness.

That deponent wished to apply for a supplemental permit because:

Additional information needed for license is as follows: Phone #: _____

Height: _____ Weight: _____ Date of Birth: _____ Social Security # _____

Race: _____ Occupation: _____ Employed by: _____

Sworn before me on this _____
day of _____, 20____

(Deponent Signature)

Notary Public

Issued: _____
County Judge

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.)