

TRANSFER OUT OF PISTOL PERMIT

INSTRUCTIONS

If you move out of Schoharie County to reside in another County in New York State, you must promptly make an application to transfer your pistol Permit to your new County of Residence.

1. Complete the attached form. Have your signature notarized.
2. Enclose two (2) money orders, bank checks or certified checks in the amount of \$ 5.00 each, payable as follows:
 - a. "Schoharie County Clerk"
 - b. "County Clerk of _____ (new County of residence)"
3. Mail or bring in person: the completed form and two (2) checks or money orders to:

Hon. Peter A. Lynch, J.S.C
Schoharie County Courthouse
P.O. Box 669
Schoharie, NY 12157
Attn: Bobbe Jo

REQUEST FOR FORWARDING PISTOL LICENSE RECORDS

State of New York)

ss.

County of Schoharie

I, _____, hereby notify the pistol license officer of Schoharie County of a change of residence from:

_____ to
_____.

I request that my pistol license records be forwarded to:

_____ County.

Current Schoharie County pistol license number: _____.

Date issued: _____.

This request is in accordance with Section 400, subdivision 5 of the New York State Penal Law.

(Signature)

Sworn to before me this _____

Day of _____, 20____

(Notary Public)

Transfer approved _____

Hon. Peter A. Lynch, J.S.C

Cc: Schoharie County Clerk

_____ County Clerk

New York State Pistol Permit Bureau

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

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

6. 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"/>		

7. 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