

Schoharie County Pistol License Amendment  
(Attachment to the State of New York Form)  
Applicant Seeking to Remove Restrictions for Carry Concealed  
Or Adding Semi-Automatic to Existing Pistol Permit

State of New York  
County of Schoharie

I \_\_\_\_\_, being duly sworn, depose and say that I presently reside at \_\_\_\_\_  
\_\_\_\_\_. I am presently the holder of Pistol Permit# \_\_\_\_\_  
Issued to me on \_\_\_\_\_ in the County of Schoharie. I am now applying for an amendment to said permit for the  
Following purpose: \_\_\_\_\_.

ATTACHED IS A PHOTOCOPY OF MY PRESENT PERMIT AND NEW YORK STATE DRIVER'S LICENSE.

PLEASE CHECK YES OR NO FOR EACH OF THE FOLLOW QUESTIONS: SINCE THE ISSUANCE OF THE PRESENT PERMIT.

- |  |            |
|--|------------|
| Have you been arrested, indicted, or convicted anywhere for any offense (except traffic violations)?   | Yes__ No__ |
| Are you a fugitive from justice:   | Yes__ No__ |
| Have you been dishonorably discharged from the Armed Forces?   | Yes__ No__ |
| Are you an alien illegally or unlawfully in the United States or an alien admitted<br>To the United States who does not qualify for the exceptions under 18 U.S.C. 922(y)(2)?  | Yes__ No__ |
| Have you ever renounced your United States citizenship?  | Yes__ No__ |
| Have you been or are you an unlawful user of or addicted to any controlled substance as defined<br>In section 21 U.S.C. 802 or have you undergone treatment for alcoholism or drug use?  | Yes__ No__ |
| Have you suffered any mental illness, or been confined to any hospital or public or private<br>Institution for mental illness?   | Yes__ No__ |
| Have you had a pistol permit, dealer's license, gunsmith license or any application for such<br>License disapproved or had such license suspended, revoked or cancelled?   | Yes__ No__ |
| Do you have any physical condition which could interfere with the safe and proper use of<br>a handgun?   | Yes__ No__ |
| Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of<br>Section 530.14 of the criminal procedure law or section eight hundred<br>Forty-two-a of the family court act?   | Yes__ No__ |
| Have you been convicted of Assault in the 3 <sup>rd</sup> , Misdemeanor DWI or Menacing 3 <sup>rd</sup> within the<br>Previous five years? (This question only applies to Carry Concealed)   | Yes__ No__ |
| Are you prohibited from possessing firearms under the federal law, including having been<br>Convicted in any court of a misdemeanor crime of domestic violence or being under<br>Indictment for a crime punishable by imprisonment for a term exceeding on year? | Yes__ No__ |

If you answer to any of the above questions is "YES", explain here:

\_\_\_\_\_  
\_\_\_\_\_

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.)

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



**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 \_\_\_\_\_.

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

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