

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

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 _____.

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.)

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 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 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 Institution for mental illness? | Yes__ No__ |
| Have you had a pistol permit, dealer's license, gunsmith license or any application for such 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 a handgun? | Yes__ No__ |
| Are you under any firearms suspension or ineligibility order issued pursuant to the provisions of Section 530.14 of the criminal procedure law or section eight hundred Forty-two-a of the family court act? | Yes__ No__ |
| Have you been convicted of Assault in the 3 rd , Misdemeanor DWI or Menacing 3 rd within the 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 Convicted in any court of a misdemeanor crime of domestic violence or being under 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.)