

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

NYSID # \_\_\_\_\_

Date: \_\_\_\_\_

Amendment form for (check one):

Westchester 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 Restriction Change  
 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

