

STATE OF NEW YORK  
**PISTOL / REVOLVER LICENSE AMENDMENT**

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

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

Amendment form for (check one):

**SARATOGA** County License OR  New York State Police Pistol 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 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 
  Other \_\_\_\_\_

**AMEND LICENSE FOR THE FOLLOWING**

- New Name \_\_\_\_\_
- New Physical Address \_\_\_\_\_
- New Mailing Address (if different) \_\_\_\_\_
- Following Weapon(s) Acquired From: (Name, Address) \_\_\_\_\_

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