

Bill of Sale

Per the NY SAFE Act, as of 03/15/2013, Private Sales between individuals are permitted only if a NICS check for the Buyer is provided. Therefore, such Private Sales must be conducted through a NYS Gundealer. Exception: Private Sales between “Immediate Family,” defined as Spouses, Domestic Partners, Children and Step-Children. If this exception applies, you may complete this Bill of Sale, being sure to fill in the Affirmation of Relationship.

Seller's Information

Name: _____

Address: _____

Pistol License Number: _____ County and Date of Issue: _____

Gun Information

<u>Make</u>	<u>Model</u>	<u>Serial #</u>	<u>Caliber</u>	<u>Auto or Rev.</u>

I, the above-named Seller, do hereby sell the above weapon registered to me on my New York State pistol permit to the following Buyer:

Buyer's Information

Name: _____

Address: _____

Pistol License Number: _____ County and Date of Issue: _____

Affirmation of Relationship

The Buyer is my _____, thus meeting the “Immediate Family” exception to the NICS Check requirement.

Seller's Signature: _____

Date: _____

Notary Signature: _____

Notary Stamp:

Executor Notarized Statement (Bill of Sale)

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Name of Executor/Executrix: _____

Name of Deceased Permit-holder: _____

Deceased Permit-holder's Pistol License number: _____

County and Date of Issue of Pistol License: _____

Address of Deceased Permit-holder: _____

Gun Information

<u>Make</u>	<u>Model</u>	<u>Serial #</u>	<u>Caliber</u>	<u>Auto or Rev.</u>
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I, the above-named Executor/Executrix of the Estate of the above-named Deceased Permit-holder, do hereby convey ownership of the above weapon to:

Name: _____

Address: _____

Pistol License Number: _____ County and Date of Issue: _____

Affirmation of Relationship: The Permit-holder to whom I am conveying the above weapon is the Deceased Permit-holder's _____, thus meeting the "Immediate Family" exception to the NICS Check requirement.

Signature of Executor/Executrix: _____

Date: _____

Notary Signature: _____

Notary Stamp:

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # _____

Date: _____

Amendment form for (check one):

_____ 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

1. New Name _____
2. New Physical Address _____
3. New Mailing Address (If different) _____
4. 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"/>		

5. 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"/>		

6. 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

Use the boxes below if additional space is needed.