

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	Driver's License No. (or Non-Driver ID No.)	License State
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 _____



Office of the
SARATOGA COUNTY SHERIFF
Jeffrey R. Brown, Sheriff

6012 County Farm Road, Ballston Spa, 12020 518-885-6761

Required for a Duplicate (replacement) Pistol Permit License:

- This form completed
- **Amendment form completed and sent as a coversheet**
- \$20.00 fee for Duplicate license/photo and processing

Once your Duplicate license has been approved by the Judge, we will contact you to come in for a photo if one is not on file (bring your old license in at that time). If we have a photo on file, your new license will be mailed to you (you can mail back your old license).

Fully complete the following information below. We suggest you take the serial numbers directly from your handguns. This helps determine if there is a discrepancy.

NAME: _____

LICENSE NO. _____ DATE ISSUED: _____

ADDRESS: _____

DAYTIME PHONE#: _____ DOB: _____

HEIGHT: _____ WEIGHT: _____ LICENSE IS: LOST/DAMAGED/ILLEGIBLE/IN NEED OF UPDATE

OFFICE USE ONLY:

Weapons on my permit:

R: _____

GC: _____

Make	Model	Serial #	Caliber	R/A
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1 _____

2 _____

3 _____

4 _____

5 _____

NEW NICS CHECK INFORMATION SHEET

FIRST: _____ MIDDLE: _____ LAST: _____

DOB: _____

GENDER: _____ HGT: _____ WGT: _____ RACE: _____ ETHNICITY: _____
(WHITE, ASIAN, UNKNOWN,
BLACK/AFRICAN AMERICAN,
HISPANIC/LATINO,
AMERICAN INDIAN/ALASKAN NATIVE,
NATIVE HAWAIIAN/PACIFIC ISLANDER)
(HISPANIC / NON)

MILITARY STATUS: _____ ALIASES/MAIDEN NAME: _____
(HONORABLY DISCHARGE,
ACTIVE DUTY, NEVER JOINED,
DISHONORABLY DISCHARGED)

PLACE OF BIRTH: _____ OCCUPATION: _____
(COUNTRY, STATE & CITY)

NYS DRIVER'S LICENSE #: _____ US CITIZEN (Y/N): _____ SS#: _____

STREET ADDRESS: _____

COUNTY: _____ RESIDE IN CITY LIMITS (NYC RESIDENTS ONLY): _____
(Y/N/UNK)

EMAIL ADDRESS: _____ PHONE #: _____

U-PIN NUMBER: _____
(IF APPLICABLE)