

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*

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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	_____
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2	_____
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3	_____
---	-------

4	_____
---	-------

5	_____
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**NEW NICS CHECK INFORMATION SHEET**

**FIRST:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_ **LAST:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **HGT:** \_\_\_\_\_ **WGT:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ **ETHNICITY:** \_\_\_\_\_

(WHITE, ASIAN, UNKNOWN, (HISPANIC / NON)  
BLACK/AFRICAN AMERICAN,  
HISPANIC/LATINO,  
AMERICAN INDIAN/ALASKAN NATIVE,  
NATIVE HAWAIIAN/PACIFIC ISLANDER)

**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)