

## STATE OF NEW YORK FIREARMS LICENSE AMENDMENT

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

DATE \_\_\_\_\_

**LICENSE TO AMEND** (check one):

**ROCKLAND** COUNTY LICENSE      OR       NEW YORK STATE POLICE PISTOL LICENSE

NAME	DOB	NY DRIVER'S LICENSE NO. (or NY NON-DRIVER ID NO.)	
STREET	C-T-V	COUNTY <b>ROCKLAND</b>	

PISTOL LICENSE NUMBER _____	DATE ISSUED _____
DUPLICATE LICENSE NUMBER _____	DATE ISSUED _____
TRANSFER LICENSE NUMBER _____	DATE ISSUED _____
TRANSFERRED FROM _____	DATE _____
TRANSFERRED TO _____	DATE _____

**TRANSACTION TYPE(S)** (check all that apply):

ACQUIRED     DISPOSED     MOVED     NAME CHANGE     TRANSFER     LOST/STOLEN FIREARM  
 DUPLICATE     SURRENDERED     REVOKED     DECEASED     OTHER \_\_\_\_\_

**AMEND LICENSE FOR THE FOLLOWING**

1. NEW NAME \_\_\_\_\_
2. NEW ADDRESS \_\_\_\_\_
3. FOLLOWING WEAPON(S) ACQUIRED FROM: (NAME, ADDRESS) \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

4. FOLLOWING WEAPON(S) DISPOSED TO: (NAME, ADDRESS) \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

5. FOLLOWING WEAPON(S) HAS BEEN:     LOST     STOLEN     DESTROYED  
 LAW ENFORCEMENT AGENCY REPORTED TO: \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

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?     NO     YES  
**IF YES, GIVE DETAILS ON REVERSE.**

LICENSING OFFICER	SIGNATURE OF LICENSEE
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