

STATE OF NEW YORK PISTOL LICENSE AMENDMENT

NYSID# _____

DOB _____

Amendment Form for: **Columbia County**

DATE _____

NAME		STREET	CTV	COUNTY
PISTOL LICENSE #			DATE ISSUED	
DUPLICATE LICENSE #			DATE ISSUED	
TRANSFER LICENSE #			DATE ISSUED	
TRANSFERRED FROM:			DATE	
TRANSFERRED TO:			DATE	

Circle Appropriate Transactions:

ACQUIRED DISPOSED MOVED NAME CHANGE TRANSFER REPLACEMENT
 SURRENDERED SUSPENDED REVOKED DECEASED OTHER_____

Amend License for the Following:

1. New Name _____
2. New Address _____
3. Following weapon (s) acquired from: (name and address) _____

Make	Revolver or S-Auto	Model	Caliber	Serial Number
------	--------------------	-------	---------	---------------

Following weapon (s) disposed to: (name and address)

Make	Revolver or S-Auto	Model	Caliber	Serial Number
------	--------------------	-------	---------	---------------

Following weapon (s) has been: (circle one) LOST STOLEN DESTROYED
 Law Enforcement Agency Reported to:

Make	Revolver or S-Auto	Model	Caliber	Serial Number
------	--------------------	-------	---------	---------------

*Have you been arrested, indicted or convicted of any criminal offense, or been a patient at any mental institution since the above license was issued? (Circle one) NO YES – if YES, give details on reverse side.

Licensing Officer	Signature of Licensee*
-------------------	------------------------

*If you are not signing this form at the Clerk's Office, you MUST sign in the presence of a Notary