PPB-5 REV. 2/00

NYSID # _____

DOB _____

# STATE OF NEW YORK

# FIREARMS LICENSE AMENDMENT

AMENDMENT FORM FOR _____ COUNTY DATE _____

OR NYSP PISTOL LICENSE (CIRCLE IF APPROPRIATE)

| NAME | STREET | CITY / TOWN / VILLAGE | COUNTY |
|---|---|---|---|
| | | | |

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

**CIRCLE APPROPRIATE TRANSACTION(S)**

ACQUIRED DISPOSED MOVED NAME CHANGE TRANSFER

DUPLICATE SURRENDERED SUSPENDED 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: (CIRCLE ONE) 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, OR BEEN A PATIENT AT ANY MENTAL INSTITUTION SINCE THE ABOVE LICENSE WAS ISSUED? (CIRCLE ONE) NO YES
IF YES, GIVE DETAILS ON REVERSE

| LICENSING OFFICER | SIGNATURE OF LICENSEE |
|---|---|
| | |

LICENSEE'S CURRENT TELEPHONE #: _____