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	C-T-V	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

Sworn to before me this _____ day

Of _____, 20__

(Photo)
(Not needed if photo has been filed in this office within 6 years of date of this application)

_____
Notary Public

Approved and issued:

_____