

MICHAEL H. ZURLO
SHERIFF

RICHARD L. CASTLE
UNDERSHERIFF

Office of the Sheriff
COUNTY OF SARATOGA
6010 COUNTY FARM ROAD
BALLSTON SPA, NEW YORK 12020

AFFIDAVIT OF CO-OWNERSHIP OF WEAPONS

IMPORTANT NOTE: THE ISSUING OFFICER ONLY PERMITS CO-OWNERSHIP BETWEEN SPOUSES WHO RESIDE AT THE SAME ADDRESS.

THIS IS TO CERTIFY THAT I, _____, RESIDING AT _____, HOLDER OF PISTOL PERMIT

LICENSE # _____ ISSUED ON _____, DO HEREBY

AUTHORIZE MY SPOUSE _____, RESIDING WITH

ME AT THE ABOVE ADDRESS, HOLDER OF PISTOL PERMIT LICENSE

_____ ISSUED ON _____, TO CO-OWN THE BELOW

LISTED WEAPON(S):

<u>MAKE</u>	<u>MODEL</u>	<u>CALIBER</u>	<u>SERIAL #</u>	<u>AUTO/REV</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I FURTHER CERTIFY AND UNDERSTAND THAT:

- IF MY SPOUSE HAS HIS/HER PISTOL PERMIT SUSPENDED OR REVOKED, THEN ANY WEAPON(S) CO-OWNED ARE SUBJECT TO SEIZURE.
- IF MY SPOUSE AND I DIVORCE OR SEPARATE, THE SPOUSE WHO DOES NOT RETAIN POSSESSION OF ANY CO-OWNED WEAPON(S) WILL IMMEDIATELY AMEND HIS/HER PISTOL PERMIT TO REFLECT THE DISPOSAL OF SAID WEAPON(S) TO THE SPOUSE WHO DOES RETAIN SUCH POSSESSION.

SIGNATURE _____

DATE _____

NOTARY _____

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # _____

Date: _____

Amendment form for (check one):

_____ County License OR New York State Police Pistol License

Name	Date of Birth	NY Driver's License No. (or NY Non-Driver ID No.)
Physical Address (street, city, state, zip)		
Mailing Address (if different)		

Pistol 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 Other _____

AMEND LICENSE FOR THE FOLLOWING

1. New Name _____
2. New Physical Address _____
3. New Mailing Address (If different) _____
4. Following Weapon(s) Acquired From: (Name, Address) _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

5. 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"/>		
			<input type="checkbox"/>		

6. 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"/>		
			<input type="checkbox"/>		
			<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

