

MICHAEL H. ZURLO
SHERIFF

RICHARD L. CASTLE
UNDERSHERIFF

Office of the Sheriff

COUNTY OF SARATOGA
6010 COUNTY FARM ROAD
BALLSTON SPA, NEW YORK 12020
(518) 885-2467

TRANSFER OF PISTOL LICENSE TO ANOTHER COUNTY IN NEW YORK STATE

IN ORDER TO TRANSFER YOUR RECORDS TO YOUR NEW COUNTY, WE
REQUIRE THE FOLLOWING:

1) AMENDMENT FORM COMPLETED

- PUT YOUR OLD (SARATOGA COUNTY) ADDRESS AT THE TOP
- NEXT TO “TRANSFERRED FROM,” WRITE “SARATOGA COUNTY”
- NEXT TO “TRANSFERRED TO,” WRITE THE NAME OF YOUR NEW COUNTY
- CHECK OFF “MOVED” AND PUT YOUR NEW ADDRESS WHERE INDICATED
- BE SURE TO ANSWER THE QUESTION AT THE BOTTOM OF THE FORM, AND SIGN YOUR NAME BENEATH IT.

2) \$5.00 POSTAL MONEY ORDER MADE PAYABLE TO SARATOGA COUNTY.

3) \$5.00 POSTAL MONEY ORDER MADE PAYABLE TO YOUR NEW COUNTY.

4) SELF-ADDRESSED STAMPED ENVELOPE.

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

