

MICHAEL H. ZURLO  
SHERIFF

RICHARD L. CASTLE  
UNDERSHERIFF

# Office of the Sheriff

COUNTY OF SARATOGA  
6010 COUNTY FARM ROAD  
BALLSTON SPA, NEW YORK 12020

## **REQUIRED FOR A DUPLICATE (REPLACEMENT) PISTOL PERMIT LICENSE:**

1. THIS FORM COMPLETED
2. AMENDMENT FORM COMPLETED
3. \$20.00 FEE FOR DUPLICATE LICENSE/PHOTO/ PROCESSING.

ONCE YOUR DUPLICATE LICENSE HAS BEEN APPROVED BY THE JUDGE, WE WILL CONTACT YOU TO COME IN TO GET PHOTOGRAPHED AND TO RECEIVE YOUR DUPLICATE. AT THAT TIME, YOU MUST TURN IN YOUR OLD PISTOL LICENSE. FULLY COMPLETE THE INFORMATION BELOW.

NAME: \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_ DOB: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE WHERE BORN: \_\_\_\_\_

### **I REQUEST A DUPLICATE PISTOL LICENSE BECAUSE MY PREVIOUS**

**LICENSE IS:    LOST    DAMAGED/ILLEGIBLE    IN NEED OF UPDATE**  
(CIRCLE ONE)

**SIGNATURE:** \_\_\_\_\_

### **WEAPONS ON MY PERMIT:**

OFFICE USE ONLY

R: \_\_\_\_\_

GC: \_\_\_\_\_

          MAKE                  MODEL                  SERIAL NO.                  CALIBER          REV/AUTO

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

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NAME: \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

## WEAPONS ON MY PERMIT, CONTINUED:

<u>MAKE</u>	<u>MODEL</u>	<u>SERIAL NO.</u>	<u>CALIBER</u>	<u>REV/AUTO</u>
<u>6</u>				
<u>7</u>				
<u>8</u>				
<u>9</u>				
<u>10</u>				
<u>11</u>				
<u>12</u>				
<u>13</u>				
<u>14</u>				
<u>15</u>				
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<u>29</u>				
<u>30</u>				

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

