

Office of the Sheriff

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

AMENDMENT INSTRUCTIONS

• **Under the law, you must file an amendment when:**

1. Your address changes.
2. You buy or sell a handgun.
3. You lose a handgun or have one stolen. Lost or stolen handguns must immediately be reported to the Police.

• **There is a \$3 fee per transaction.**

For example, if you were adding 2 handguns and doing a change of address, the fee would be \$9.

• **When buying a handgun, the completed amendment form must be accompanied by the original gundealer's receipt.**

• Private sales between individuals are permitted only between "Immediate Family," defined as Spouses, Domestic Partners, Children and Step-Children. This relationship must be set forth in a "Bill of Sale" that contains: the Seller's name, address, pistol license number, and the County and date of issue of the Seller's pistol license; the make, caliber, model and serial number of the handgun, and whether it is a revolver or a semi-automatic; an affirmation as to the relationship between the Seller and Buyer; and the Seller's notarized signature.

• If you are acquiring a handgun from the Executor of the Estate of a deceased permit-holder, you must have a notarized statement from the Executor giving you permission to take possession of the handgun. In addition, you must be the "Immediate Family" of the deceased permit-holder (defined above).

• **Do not possess or use any handgun that is not registered to you.**

You register a handgun by filing an amendment to add it to your permit. After the amendment form is signed by the Issuing Officer, you will receive a copy of the signed amendment form and a signed Purchase Coupon. You keep the signed copy of the amendment form for your records, and you turn the Purchase Coupon over to the gundealer. Then you may take possession of the handgun and write the handgun information on the back of your pistol license.

• **Handguns purchased or sold out of state must be shipped in or out of state from gundealer to gundealer.**

Amendment Checklist -- you must have:

1. The completed amendment form. Make sure that you answer the question at the bottom of the form and sign the form where indicated.
2. The original gundealer's receipt if you are buying a handgun.
3. The \$3 per transaction fee
4. A 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

Phone # : _____

