

Bill of Sale

Per the NY SAFE Act, as of 03/15/2013, Private Sales between individuals are permitted only if a NICS check for the Buyer is provided. Therefore, such Private Sales must be conducted through a NYS Gundealer. Exception: Private Sales between “Immediate Family,” defined as Spouses, Domestic Partners, Children and Step-Children. If this exception applies, you may complete this Bill of Sale, being sure to fill in the Affirmation of Relationship.

Seller’s Information

Name: _____

Address: _____

Pistol License Number: _____ County and Date of Issue: _____

Gun Information

<u>Make</u>	<u>Model</u>	<u>Serial #</u>	<u>Caliber</u>	<u>Auto or Rev.</u>
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I, the above-named Seller, do hereby sell the above weapon registered to me on my New York State pistol permit to the following Buyer:

Buyer’s Information

Name: _____

Address: _____

Pistol License Number: _____ County and Date of Issue: _____

Affirmation of Relationship

The Buyer is my _____, thus meeting the “Immediate Family” exception to the NICS Check requirement.

Seller’s Signature: _____

Date: _____

Notary Signature: _____

Notary Stamp:

Executor Notarized Statement (Bill of Sale)

Per the NY SAFE Act, as of 03/15/2013, Private Sales between individuals are permitted only if a NICS check for the Buyer is provided. Therefore, such Private Sales must be conducted through a NYS Gundealer. Exception: Private Sales between “Immediate Family,” defined as Spouses, Domestic Partners, Children and Step-Children. If this exception applies, you may complete this Executor Notarized Statement (Bill of Sale), being sure to fill in the Affirmation of Relationship.

Name of Executor/Executrix: _____

Name of Deceased Permit-holder: _____

Deceased Permit-holder’s Pistol License number: _____

County and Date of Issue of Pistol License: _____

Address of Deceased Permit-holder: _____

Gun Information

<u>Make</u>	<u>Model</u>	<u>Serial #</u>	<u>Caliber</u>	<u>Auto or Rev.</u>
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I, the above-named Executor/Executrix of the Estate of the above-named Deceased Permit-holder, do hereby convey ownership of the above weapon to:

Name: _____

Address: _____

Pistol License Number: _____ County and Date of Issue: _____

Affirmation of Relationship: The Permit-holder to whom I am conveying the above weapon is the Deceased Permit-holder’s _____, thus meeting the “Immediate Family” exception to the NICS Check requirement.

Signature of Executor/Executrix: _____

Date: _____

Notary Signature: _____

Notary Stamp:

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

