

CO-REGISTER PERMISSION SLIP

I _____, a _____ County
 pistol permit holder with a license number of _____ (Registrant)
 do hereby give _____, a Sullivan County pistol
 permit holder with a license number of _____ (Co-registrant)
 permission to co-register the following guns onto their license. Co-Registrant hereby
 acknowledges that Registrant is the owner of all such guns and agrees to take all steps
 necessary to surrender his co-registration of any or all such guns upon the written
 demand of Registrant.

RELATIONSHIP OF OWNER/REGISTRANT TO CO-REGISTRANT: (CIRCLE ONE)

PARENT SIBLING SPOUSE DOMESTIC PARTNER CHILD STEP-CHILD

Please note: Co-registering is only allowed between immediate family members.

MAKE	MODEL	CALIBER	SERIAL NUMBER	ACTION

Yes, by initialing I give permission for all future gun purchases to
 also be added to the Co-registrant's permit.

**Please attach copies of Registrant and Co-Registrant's pistol and driver's licenses along
 with a completed Amendment form**

If a co-registrants license gets suspended, then **ALL** of the pistols listed on that particular
 license must be surrendered to the Sheriff's Department without exception.

 Signature of Registrant
 Signed and sworn to before me
 This ____ day of _____, 20____

 Signature of Co-Registrant
 Signed and sworn to before me
 This ____ day of _____, 20____

 Notary Public

 Notary Public

SULLIVAN COUNTY CLERK'S OFFICE

100 North Street Monticello, New York 12701

Tel: 845-807-0411 Fax: 845-807-0434

COUNTY CLERK RUSSELL REEVES

Deputy Clerk Doreen Huebner

AMENDMENT INSTRUCTIONS

SUBMIT:

1. Amendment form with **ORIGINAL signature** (fill out form below, print, then sign)
Copies will not be accepted.
 2. If mailed - Copy of your Pistol Permit (Front & Back) – if in person present original
 3. If mailed - Copy of driver's license (Front & Back) – if in person present original
 4. Self-addressed, stamped envelope – **MANDATORY for return mailing**
 5. Proof of Safe Act recertification (complete or reprint at [NYS Safe Act](#))
 6. Dealer receipt if new purchase
- **Co-registering** your guns with immediate family member do 1-6 above and also include:
- Notarized [Co-Register Form](#)
 - Amendment forms for BOTH owner and co-registrant
 - Copy of co-registrant's Pistol Permit (Front & Back) - if in person present original
 - Copy of co-registrant's driver's license (Front & Back) - if in person present original
- **Restriction change** do 1-5 above and include a letter requesting change and reasons why.
(Not available for expedited service)
- **Employment change** do 1-5 above and include proof of employment
- **Inherit a weapon** do 1-5 above and include (not available for expedited service):
- Notarized statement from Estate and proof of Estate
 - Copy of decedents pistol permit (Front & Back)
 - Copy of death certificate
- **Fee(s):** \$10.00 same day expedited service fee, **by appointment only**
\$15.00 pre-approved blank pistol coupon for gun purchases within NYS,
Restrictions apply, **by appointment only**
\$5.00 per amendment form
\$1.00 for each additional card (if your license is more than one card)
\$10.00 change from green paper license to plastic card (mandatory)- by appointment
- **Answer YES or NO** at the bottom of amendment form and **SIGN**.
- Do not fill in NYSID#
- If paperwork is returned by mail you're required to destroy your old permit.
- We accept checks or money orders payable to: Sullivan County Clerk's Office

FORWARD or BRING PAYMENT and PAPERWORK with REQUIRED SIGNATURE(S) TO:

VIA MAIL/OR OFFICE VISIT: Sullivan County Clerk's Office
100 North Street, Monticello, New York 12701
Attn: Pistol Permits

QUESTIONS: 845-807-0417 / 0416 - Barbara

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

