

WARNING

ACCESS TO A WEAPON OR FIREARM IN THE HOME SIGNIFICANTLY INCREASES THE RISK OF SUICIDE, DEATH DURING DOMESTIC DISPUTES, AND/OR UNINTENTIONAL DEATHS TO CHILDREN, HOUSEHOLD MEMBERS AND OTHERS.

IF YOU OR A LOVED ONE IS EXPERIENCING DISTRESS AND/OR DEPRESSION,
CALL THE NATIONAL SUICIDE PREVENTION
LIFE-LINE AT 988.

SULLIVAN COUNTY CLERK'S OFFICE

COUNTY CLERK RUSSELL REEVES

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
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- **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
 - **Semi-automatic rifle** do 1-6 above
 - **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: 845-807-0416

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # _____

Date: _____

Amendment form for (check one):

☐ _____ County License OR ☐ New York State Police 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/Semi-Automatic Rifle 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 ☐ Email Address ☐ Other _____
Semi-Automatic Rifle License ☐ Add ☐ RemovePistol/Revolver License ☐ Add ☐ RemoveLicense Type ☐ Carry Concealed ☐ Possess on Premises ☐ Possess/Carry During Employment**AMEND LICENSE FOR THE FOLLOWING**

1. New Name _____
2. New Physical Address _____
3. New Mailing Address (If different) _____
4. New Email Address _____
5. Following Weapon(s) Acquired From: (Name, Address) _____

****Numbers 5, 6, and 7 DO NOT APPLY TO SEMI-AUTOMATIC RIFLES***

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			<input type="checkbox"/>		
			<input type="checkbox"/>		

6. 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"/>		

7. 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"/>		

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

Use the boxes below if additional space is needed.

[illegible]