PPB-5 REV. 2/00

NYSID # _____

STATE OF NEW YORK

DOB _____

FIREARMS LICENSE AMENDMENT

AMENDMENT FORM FOR _____ COUNTY DATE _____

OR NYSP PISTOL LICENSE (CIRCLE IF APPROPRIATE)

NAME	STREET	C-T-V	COUNTY

PISTOL LICENSE NUMBER _____ DATE ISSUED _____
DUPLICATE LICENSE NUMBER _____ DATE ISSUED _____
TRANSFER LICENSE NUMBER _____ DATE ISSUED _____
TRANSFERRED FROM _____ DATE _____
TRANSFERRED TO _____ DATE _____

CIRCLE APPROPRIATE TRANSACTION(S)

ACQUIRED DISPOSED MOVED NAME CHANGE TRANSFER

DUPLICATE SURRENDERED SUSPENDED REVOKED DECEASED OTHER_____

AMEND LICENSE FOR THE FOLLOWING

1. NEW NAME_____

2. NEW ADDRESS_____

3. FOLLOWING WEAPON(S) ACQUIRED FROM : (NAME,ADDRESS)

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

4. FOLLOWING WEAPON(S) DISPOSED TO: (NAME,ADDRESS)

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

5. FOLLOWING WEAPON(S) HAS BEEN: (CIRCLE ONE) LOST STOLEN DESTROYED
LAW ENFORCEMENT AGENCY REPORTED TO:

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

HAVE YOU BEEN ARRESTED, INDICTED, OR CONVICTED OF ANY CRIMINAL OFFENSE, OR BEEN A PATIENT AT ANY MENTAL INSTITUTION SINCE THE ABOVE LICENSE WAS ISSUED? (CIRCLE ONE) NO YES
IF YES, GIVE DETAILS ON REVERSE

LICENSING OFFICER	SIGNATURE OF LICENSEE