

**C O U N T Y O F O R A N G E**

**County Clerk's Office**

**Orange County Government  
Center**

**PISTOL PERMITS**

**Goshen, New York 10924  
Tel: (845) 291-3060  
Fax: (845) 291-2691**



**AMENDMENT INSTRUCTIONS**

**SUBMIT:**

- Amendment application in duplicate
- Photocopy of your Pistol Permit
- Copy of your bill/sale *OR* statement from present owner if you intend to share use (dual registration) *OR* statement from estate, if you are inheriting weapon
- Self addressed, stamped envelope **LEGAL SIZE**
- Fee: \$3.00 for each gun added or removed (paper amendment)  
\$5.00 for each gun added or removed for plastic card

**AMENDMENTS WILL BE ISSUED ON A REQUEST BASIS ONLY FOR DISPOSALS**

- \$3.00 for each non-gun transaction (paper amendment)
- \$5.00 for each non-gun transaction (name, address, job etc.) Plastic Card
- \$5.00 duplicate license – **FILL OUT THE REVERSE SIDE OF THIS FORM** (weight, occupation, employer, along with the list of weapons you currently own)
- No fee for 911 change.

- Answer **YES** or **NO** at the bottom of both pages. Sign the bottom, right hand side on both pages of the Amendment

We accept cash, checks or money orders payable to: **ORANGE COUNTY CLERK'S OFFICE**  
Personal checks must include printed name, address & **PHONE NUMBER**. **No starter checks.**  
Out of state checks **must be certified.**

CC

**FORWARD ALL PAPERWORK TO:**

**Orange County Clerk's Office  
255 Main Street  
Goshen, New York 10924  
Attn: Pistol Permits**

**IF YOUR ORIGINAL LICENSE WAS ISSUED MORE THAN FIVE YEARS AGO,  
PLEASE ALSO FILL OUT THE FOLLOWING:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**FOR DUPLICATE REQUESTS ONLY**

List the guns you currently own:

MAKE	CALIBRE	SERIAL	MODEL	REV/AUTO

**Please complete the following:**

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

YOUR WEIGHT: \_\_\_\_\_

YOUR HEIGHT: \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

HAS YOUR ADDRESS CHANGED SINCE YOUR LAST AMENDMENT?

Y \_\_\_\_\_ N \_\_\_\_\_

EXPIRATION DATE OF PISTOL PERMIT \_\_\_\_\_ TRANSFERS IN FROM  
OTHER COUNTIES (ONLY)

TELEPHONE NUMBER: \_\_\_\_\_

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

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**

- New Name \_\_\_\_\_
- New Physical Address \_\_\_\_\_
- New Mailing Address (If different) \_\_\_\_\_
- 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"/>		

- Following Weapon(s) Disposed to: (Name, Address) \_\_\_\_\_

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

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 Signature of Licensee

