

ORANGE COUNTY CLERK'S OFFICE

255 Main Street Goshen, New York 10924 845-291-2690 Fax: 845-378-2368

COUNTY CLERK KELLY A. ESKEW

JAMES MCGEE DEPUTY COUNTY CLERK PATRICIA MCMULLEN DEPUTY COUNTY CLERK, DMV

WWW.ORANGECOUNTYGOV.COM/COUNTYCLERK

AMENDMENT INSTRUCTIONS

SUBMIT:

- Amendment form in <u>DUPLICATE</u> with <u>ORIGINAL</u> signature.
 - If changing name or address must provide copy of updated Driver's License
 - o If requesting restriction change must write letter requesting change
 - o If employment change must submit proof of employment
 - If adding Semi-Automatic Rifle license check add
- Photocopy of your Pistol Permit (Front & Back of each card)
- Copy of your bill/sale OR
- Notarized statement from present owner if you intend to co-own the firearm and copy of their Pistol Permit (Front & Back of each card)OR
- Notarized statement from Estate, if you are inheriting the weapon & proof of Estate
- Self-addressed, stamped envelope
- Fee(s): \$5.00 for each gun added or removed
 \$5.00 to add Semi-Automatic Rifle license
 \$5.00 for each non-gun transaction (name, address, job etc.)
 \$5.00 duplicate license **FILL OUT "DUPLICATE" FORM**
 (Height/Weight, Occupation & List of firearms currently on license.)
- Answer YES or NO at the bottom of both amendment forms & sign bottom right.
- DO NOT USE WHITE OUT ON AMENDMENT FORM!

We accept cash ,checks or money orders payable to: ORANGE COUNTY CLERK'S OFFICE

Personal	checks <u>mı</u>	<u>ist</u> include print	ted name & addre	ss. No starter checks.	

FORWARD ALL PAPERWORK TO:

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

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

'SID#	CLIVII	AUTOMATIC RIFLE			:				
mendment form for (check one):								
- Orange	,-	County License	OR	☐ New York \$	State Police License				
Vame		Date o	f Birth	NY Driver's License	No. (or NY Non-Driver ID No.)				
Physical Address (street, city, st	ate, zip)								
Mailing Address (if different)									
stol/Semi-Automatic Rifle	License Number		Da	ate Issued					
uplicate License Number ansfer License Number		Date Issued Date Issued Transferred to							
ansferred From									
	TE	RANSACTION T	VDE(S) (Chook	all that annive					
Acquired ☐ Address Ch					irearm Name Chang				
Revoked Surrendered	•	•	-		_				
emi-Automatic Rifle Licen		Remove	Liliali Addies	s 🗆 Other					
stol/Revolver License		Remove							
			ess on Premise	s □ Possess/C	Carry During Employmen				
Liounde Type	•				arry Baring Employmen				
New Name		ND LICENSE FC							
New Physical Address									
New Mailing Address (If									
New Email Address	,								
Following Weapon(s) A	•	•	MATIO DIEL EG						
*Numbers 5, 6, and 7 L	Pistol / Revolver /		Г						
Manufacturer	Single Shot	Model	Only	Caliber(s)	Serial Number				
Following Weapon(s) Di	isposed to: (Name,	, Address)							
Manufacturer	Pistol / Revolver /	Model	Frame	Caliber(s)	Serial Number				
	Single Shot		Only	,					
Following Weapons(s) h	nas been: ∐ Los nt Agency Reporte		_ Destroyed						
Law Enforcemen			Frame						
Law Enforcemen	Pistol / Revolver /	Model		Caliber(s)	Serial Number				
	Pistol / Revolver / Single Shot	Model	Only	Caliber(s)	Serial Number				

Signature of Licensee

Licensing Officer

Use the boxes below if additional space is needed.

Acquired, Disposed, Lost, Stolen or Destroyed	Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number

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

'SID#	CLIVII	AUTOMATIC RIFLE			:				
mendment form for (check one):								
- Orange	,-	County License	OR	☐ New York \$	State Police License				
Vame		Date o	f Birth	NY Driver's License	No. (or NY Non-Driver ID No.)				
Physical Address (street, city, st	ate, zip)								
Mailing Address (if different)									
stol/Semi-Automatic Rifle	License Number		Da	ate Issued					
uplicate License Number ansfer License Number		Date Issued Date Issued Transferred to							
ansferred From									
	TE	RANSACTION T	VDE(S) (Chook	all that annive					
Acquired ☐ Address Ch					irearm Name Chang				
Revoked Surrendered	•	•	-		_				
emi-Automatic Rifle Licen		Remove	Liliali Addies	s 🗆 Other					
stol/Revolver License		Remove							
			ess on Premise	s □ Possess/C	Carry During Employmen				
Liounde Type	•				arry Baring Employmen				
New Name		ND LICENSE FC							
New Physical Address									
New Mailing Address (If									
New Email Address	,								
Following Weapon(s) A	•	•	MATIO DIEL EG						
*Numbers 5, 6, and 7 L	Pistol / Revolver /		Г						
Manufacturer	Single Shot	Model	Only	Caliber(s)	Serial Number				
Following Weapon(s) Di	isposed to: (Name,	, Address)							
Manufacturer	Pistol / Revolver /	Model	Frame	Caliber(s)	Serial Number				
	Single Shot		Only	,					
Following Weapons(s) h	nas been: ∐ Los nt Agency Reporte		_ Destroyed						
Law Enforcemen			Frame						
Law Enforcemen	Pistol / Revolver /	Model		Caliber(s)	Serial Number				
	Pistol / Revolver / Single Shot	Model	Only	Caliber(s)	Serial Number				

Signature of Licensee

Licensing Officer

Use the boxes below if additional space is needed.

Acquired, Disposed, Lost, Stolen or Destroyed	Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number