ORANGE COUNTY CLERK'S OFFICE

255 MAIN STREET GOSHEN, NEW YORK 10924
845- 291- 2690 FAX: 845- 360-9222

COUNTY CLERK ANNIE RABBITT

KELLY ESKEW
DEPUTY COUNTY CLERK

PATRICIA MCMULLEN
DEPUTY COUNTY CLERK, DMV

WWW.ORANGECOUNTYGOV.COM/COUNTYCLERK

AMENDMENT INSTRUCTIONS

SUBMIT:

- Amendment form in **DUPLICATE** with **ORIGINAL** signature.
  - If changing name or address must provide copy of updated Driver's License
  - If requesting restriction change must write letter requesting change and reasons why
  - If employment change must submit proof of employment
- 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 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 **must** include printed name & address. No starter checks.

FORWARD ALL PAPERWORK TO:

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

PPB-5 (REV. 02/17)

STATE OF NEW YORK

PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # _____ Date: _____

Amendment form for (check one):

☒ ORANGE 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
			☐		
			☐		
			☐		

5. Following Weapon(s) Disposed to: (Name, Address) _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			☐		
			☐		
			☐		

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
			☐		
			☐		
			☐		

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.

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