

## **CO-REGISTER PERMISSION SLIP**

I \_\_\_\_\_, a \_\_\_\_\_ County  
 pistol permit holder with a license number of \_\_\_\_\_ (Registrant)  
 do hereby give \_\_\_\_\_, a Sullivan County pistol  
 permit holder with a license number of \_\_\_\_\_ (Co-registrant)  
 permission to co-register the following guns onto their license. Co-Registrant hereby  
 acknowledges that Registrant is the owner of all such guns and agrees to take all steps  
 necessary to surrender his co-registration of any or all such guns upon the written  
 demand of Registrant.

**RELATIONSHIP OF OWNER/REGISTRANT TO CO-REGISTRANT: (CIRCLE ONE)**

**PARENT    SIBLING    SPOUSE    DOMESTIC PARTNER    CHILD    STEP-CHILD**

Please note: Co-registering is only allowed between immediate family members.

MAKE	MODEL	CALIBER	SERIAL NUMBER	ACTION

**Yes**, by initialing I give permission for all future gun purchases to  
 also be added to the Co-registrant's permit.

**Please attach copies of Registrant and Co-Registrant's pistol and driver's licenses along  
 with a completed Amendment form**

If a co-registrants license gets suspended, then **ALL** of the pistols listed on that particular  
 license must be surrendered to the Sheriff's Department without exception.

\_\_\_\_\_  
 Signature of Registrant  
 Signed and sworn to before me  
 This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Signature of Co-Registrant  
 Signed and sworn to before me  
 This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Notary Public

# 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
- **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: 845-807-0417 – Amy or 807- 0416 – Barbara

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    Remove  
 Pistol/Revolver License    Add    Remove  
 License 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

