

SULLIVAN COUNTY CLERK'S OFFICE

100 Main Street Monticello, New York 12701
Tel: 845-807-0411 Fax: 845-807-0434

COUNTY CLERK RUSSELL REEVES
DEPUTY CLERK DOREEN HUEBNER

AMENDMENT INSTRUCTIONS

SUBMIT:

1. Amendment form (available on website at WWW.SULLIVANNY/DEPARTMENTS/CLERK) with ORIGINAL signature.
 2. Copy of your Pistol Permit (Front & Back)
 3. Copy of driver's license (Front & Back)
 4. Self-addressed, stamped envelope
- If co-registering your guns with another individual do 1-4 above and also include:
- Notarized Co-Owned Form (available on website)
 - Copy of their Pistol Permit (Front & Back)
 - Copy of their driver's license (Front & Back)
- If requesting a restriction change do 1-4 above and include a letter requesting change and reasons why
- If notifying of an employment change do 1-4 above and include proof of employment
- If you are inheriting the weapon do 1-4 above and include:
- Notarized statement from Estate and proof of Estate
 - Copy of decedents pistol permit (Front & Back)
 - Copy of death certificate
- **Fee(s):** \$5.00 for each gun added or removed per permit
\$1.00 for additional cards (if your license is more than one card)
\$5.00 for each non-gun transaction (name, address, job etc.)
\$5.00 for duplicate license
\$10.00 to change from green paper license to plastic card
- Answer YES or NO at the bottom of amendment form and sign.
- Paperwork will be returned by mail at which time old permit should be destroyed.

We accept checks or money orders payable to: Sullivan County Clerk's Office

FORWARD ALL PAPERWORK WITH REQUIRED SIGNATURE TO:

VIA MAIL to: Sullivan County Clerk's Office

100 North Street, Monticello, New York 12701

Attn: Pistol Permits

VIA EMAIL to: Russell.brey@co.sullivan.ny.us

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

