

Pistol Permit Transfer Instructions:

To transfer your pistol records to another county, you must first complete two Firearms License Amendment Forms

Please submit the completed Orders, \$5.00 fee payable to the Ulster County Clerk's Office and a \$5.00 fee payable by check or money order to the county where the license is being transferred.

Along with your completed Pistol/Revolver License Amendment you must comply with the requirement below and provide a copy of your recertification status form. Please visit the following website to obtain this information:

<https://firearms.troopers.ny.gov/pprecert/welcome.faces>

If your permit was issued before January 15, 2013, the deadline to submit your recertification is January 31, 2018 and every five years thereafter. If your permit was issued on or after January 15, 2013, the deadline to recertify is five years after the date the permit was issued and every five years thereafter. As a permit holder, it is your responsibility to recertify your permit whether you receive a notification letter or not.

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

