Instructions for Changing Your Address by Mail on Your Pistol Permit

Please mail the following items to our office:

- Original filled out amendment form
- A copy of your pistol permit
- Payment of $5 - cash or check made out to Monroe County Clerk

Mailing Address:

39 West Main Street
ATTN: Pistol Permit Unit
Rochester, NY 14614

Upon review and acceptance of these documents, a clerk will mail back an updated permit and a coupon. PLEASE ALLOW 14 DAYS FOR THIS PROCESS TO OCCUR.

You are required to dispose of your old permit upon receipt of your new permit.

If you have any questions, please contact us at 753-1642 or mcpistols@monroecounty.gov.

Instructions on how to fill out an amendment form are on pages 2 and 3 of this packet.
Fill out the following fields

1. NYSID number, ends in a letter (note: not everyone’s permit will have this number especially if you have a paper permit)
2. Date you are filling the amendment out
3. Full name on Pistol Permit
4. Date of Birth
5. Driver’s License Number from your NYS Driver’s License or Non Drivers ID
6. Previous address listed on your pistol permit
7. Mailing address if different then physical address, only fill this out of you have previously given us a different mailing address
8. Pistol Permit Number, written in the following format: permit number-year, i.e. 111-98
9. Date your permit was issued

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>NYSID number, ends in a letter (note: not everyone’s permit will have this number especially if you have a paper permit)</td>
</tr>
<tr>
<td>2.</td>
<td>Date you are filling the amendment out</td>
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<tr>
<td>3.</td>
<td>Full name on Pistol Permit</td>
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<td>4.</td>
<td>Date of Birth</td>
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<td>5.</td>
<td>Driver’s License Number from your NYS Driver’s License or Non Drivers ID</td>
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<td>6.</td>
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<td>Date your permit was issued</td>
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You need to fill out the following fields to complete your amendment for an address change:

1. Check the “Address Change” box under “Transaction Type”
2. Fill in the “New Physical Address” with your new address.
3. If you would like to have a different mailing address then fill out the “New Mailing Address” field.
4. Move to the bottom of the page and read the statement starting with “Have you been arrested…” check yes or no. If yes please give details on the back of the amendment form or on an attached sheet of paper.
5. Sign on the line that says “Signature of Licensee”.

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**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 ________________

**Pistol/Revolver License**

- [ ] Add
- [ ] Remove

**License Type**

- [ ] Carry Concealed
- [ ] Possess on Premises
- [ ] Possess/Carry During Employment

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**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*

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Pistol / Revolver / Single Shot</th>
<th>Model</th>
<th>Frame Only</th>
<th>Caliber(s)</th>
<th>Serial Number</th>
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6. Following Weapon(s) Disposed to: (Name, Address)

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<tr>
<th>Manufacturer</th>
<th>Pistol / Revolver / Single Shot</th>
<th>Model</th>
<th>Frame Only</th>
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7. Following Weapons(s) has been: [ ] Lost [ ] Stolen [ ] Destroyed

   Law Enforcement Agency Reported To: ____________________________

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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.

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Licensing Officer ____________________________ Signature of Licensee ____________________________