



# Office of the County Clerk

*Monroe County, New York*

**Ms. Jamie L. Romeo**  
*County Clerk*

**Mr. Thaddeus I. Mack**  
*Deputy County Clerk*

## **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](mailto:mc pistols@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 if 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

PPB-5 (REV. 08/22)

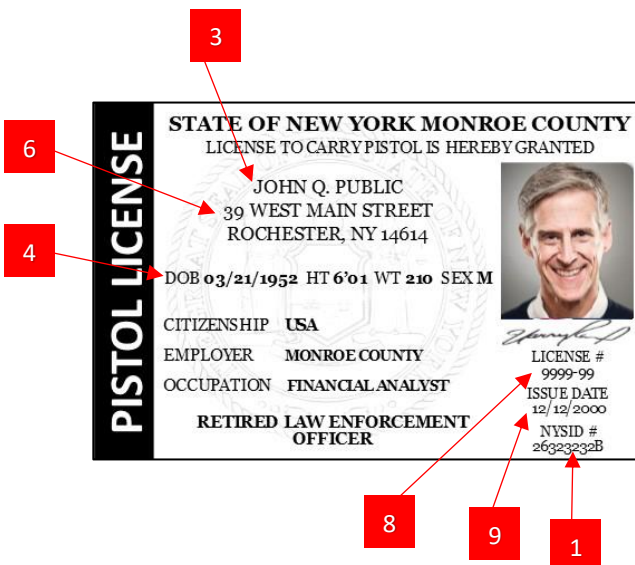
STATE OF NEW YORK  
PISTOL / REVOLVER LICENSE AMENDMENT  
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # 1 Date: 2

Amendment form for (check one):  
 \_\_\_\_\_ County License OR  New York State Police License

|  |                        |  |
|--|------------------------|--|
| Name <u>3</u>  | Date of Birth <u>4</u> | NY Driver's License No. (or NY Non-Driver ID No.) <u>5</u> |
| Physical Address (street, city, state, zip) <u>6</u> |                        |  |
| Mailing Address (if different) <u>7</u>              |                        |  |

Pistol/Semi-Automatic Rifle License Number 8 Date Issued 9  
 Duplicate License Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Transfer License Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Transferred From \_\_\_\_\_ Transferred to \_\_\_\_\_



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 \_\_\_\_\_  
 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** → 2. New Physical Address \_\_\_\_\_

**3** → 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.

**5**

\_\_\_\_\_  
Licensing Officer

\_\_\_\_\_  
Signature of Licensee

**4**