



Office of the County Clerk

MONROE COUNTY, NEW YORK

Jamie Romeo
Monroe 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 entire pistol permit (including firearm cards)
- 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 AT LEAST 14 DAYS FOR THIS PROCESS TO OCCUR.** Do not contact us about the status until it has been at least 14 days as your call or email will not be returned.

If you have a plastic permit you are required to dispose of your old permit upon receipt of your new permit. This does not apply to paper permits, you must keep your old permit with your new permit.

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

Instructions on how to fill out an amendment form are on pages 2-4 of this packet.

Fill out the following fields on the attached amendment

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

PPB-5 (REV. 02/17)

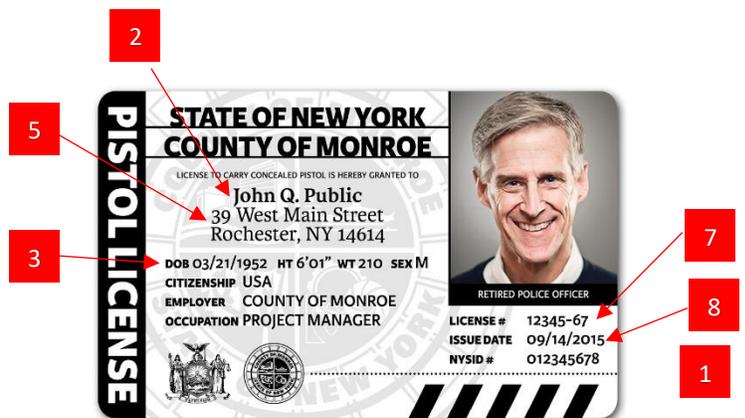
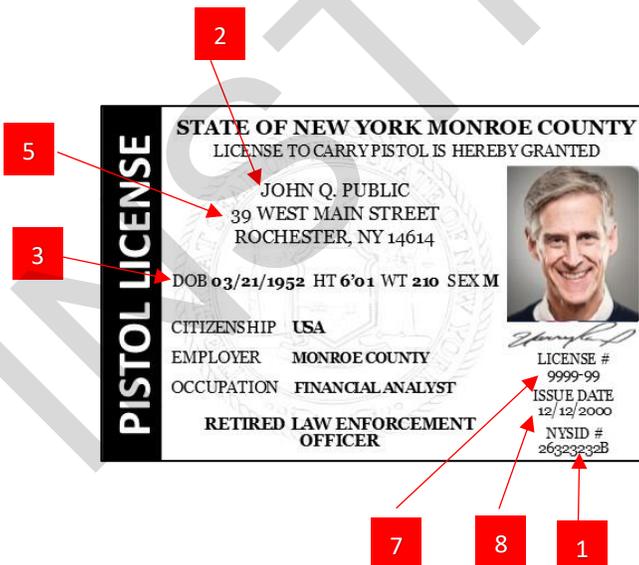
STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # 1 _____ Date: 2 _____

Amendment form for (check one):
 Monroe _____ County License OR New York State Police Pistol License

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

Pistol 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 attached 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”

1

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.

4

Licensing Officer

Signature of Licensee

5

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # **Not all permits will have this**

Date: **REQUIRED**

Amendment form for (check one):

Monroe County License OR New York State Police Pistol License

Name	REQUIRED	Date of Birth	REQUIRED	NY Driver's License No. (or NY Non-Driver ID No.)	REQUIRED
Physical Address (street, city, state, zip) REQUIRED This is the address currently listed on your pistol permit					
Mailing Address (if different) If your mailing address is different then your physical address please fill this line out					

Pistol License Number	REQUIRED Format of number-year, i.e. 111-98	Date Issued	REQUIRED
Duplicate License Number	LEAVE BLANK	Date Issued	LEAVE BLANK
Transfer License Number	LEAVE BLANK	Date Issued	LEAVE BLANK
Transferred From	LEAVE BLANK	Transferred To	LEAVE BLANK

Check "address change" box for change of address **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

- New Name **LEAVE BLANK**
- New Physical Address **REQUIRED** Put your new physical address here. Street, City, State, Zip
- New Mailing Address (if different) **If you have a new mailing address that is different then your physical address put that here**
- Following Weapon(s) Acquired From: (Name, Address) _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
LEAVE BLANK					
LEAVE BLANK					
LEAVE BLANK					

- Following Weapon(s) Disposed to: (Name, Address) _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
LEAVE BLANK					
LEAVE BLANK					
LEAVE BLANK					

- 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
LEAVE BLANK					
LEAVE BLANK					
LEAVE BLANK					

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.

_____ **LEAVE BLANK** _____ **REQUIRED, SIGN HERE**
 Licensing Officer Signature of Licensee

Read statement, check yes or no. Sign name on "Signature of Licensee"

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

Name:

Carry No.:

Use the boxes below if additional space is needed.

Acquired, Disposed, Lost, Stolen or Destroyed	Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		