



Office of the County Clerk

MONROE COUNTY, NEW YORK

Jamie Romeo
Monroe County Clerk

Instructions for Co-Registering Firearm on Your Pistol Permit by Mail

Please mail the following items to our office:

- Original filled out amendment form
- A completed Co-Registration form, including notary signature and stamp
- A copy of your entire pistol permit (including firearm cards)
- Payment of \$3 - 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 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 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. 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** _____

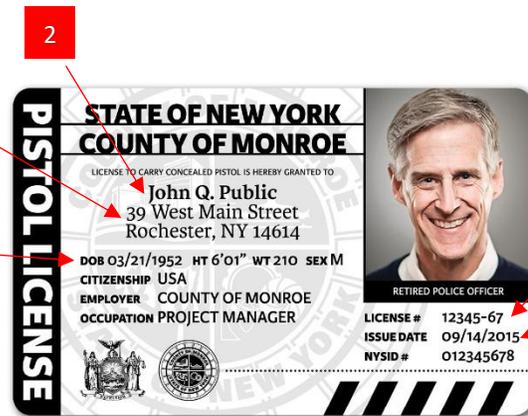
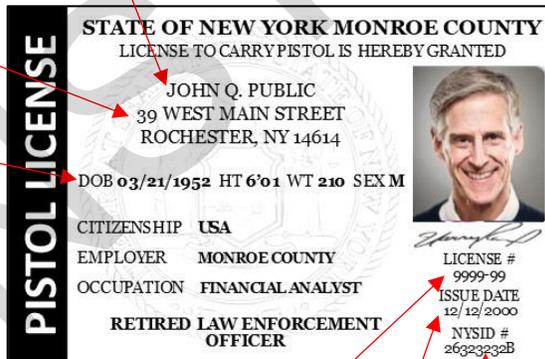
Amendment form for (check one):

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** _____
 Duplicate License Number _____
 Transfer License Number _____
 Transferred From _____

Date Issued **9** _____
 Date Issued _____
 Date Issued _____
 Transferred To _____



You need to fill out the following fields to complete your attached amendment:

1. Check the “Acquired” box under “Transaction Type”
2. Fill in the name of the person you are co-registering the gun with including their pistol permit number
3. Fill in the “Manufacturer” field (i.e. Colt, Ruger, S&W)
4. “Pistol/Revolver/Single Shot” field. For Semi-Automatic firearms write “pistol”
5. “Model” field, if your firearm does not have a model put none.
6. “Caliber” field, if your firearm has a conversion kit please list the barrels it currently has, “varies” is not an acceptable response and will be rejected.
7. “Serial Number” field, please write the number clearly to avoid rejection of form
8. 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.
9. 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
 Other _____

AMEND LICENSE FOR THE FOLLOWING

1. New Name _____
2. New Physical Address _____
3. New Mailing Address (If different) _____

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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"/>		

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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.

Licensing Officer

Signature of Licensee

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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, even if it is incorrect		
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 [REDACTED]	Date Issued [REDACTED]
Transfer License Number [REDACTED] LEAVE BLANK	Date Issued [REDACTED]
Transferred From [REDACTED]	Transferred To [REDACTED] LEAVE BLANK

Check "acquired" box for purchasing a gun **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 [REDACTED]
- New Physical Address [REDACTED] LEAVE BLANK
- New Mailing Address (If different) [REDACTED]
- Following Weapon(s) Acquired From: (Name, Address) **REQUIRED FOR CO-REGISTRATION. List name & permit # of person giving consent**

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
REQUIRED	REQUIRED	REQUIRED	<input type="checkbox"/>	REQUIRED	REQUIRED
			<input type="checkbox"/>		
			<input type="checkbox"/>		

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

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
[REDACTED] 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
[REDACTED] 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.

[REDACTED] LEAVE BLANK

Licensing Officer

REQUIRED, SIGN HERE

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"/>		
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