



Office of the County Clerk

Monroe County, New York

Ms. Jamie L. Romeo
County Clerk

Mr. Thaddeus I. Mack
Deputy County Clerk

Instructions for Adding the Semi-Automatic Rifle Permit to your In Process Pistol Permit Application by Mail

Please mail the following items to our office:

- Original filled out amendment form
- A copy of your driver's license

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

Upon receipt your request will be added to your application. You will be notified by letter from the licensing officer of approval.

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. Date you are filling the amendment out
2. Full name on Pistol Permit
3. Date of Birth
4. Driver's License Number from your NYS Driver's License or Non Driver ID
5. Address listed on your application
6. Mailing address if different then physical address, only fill this out of you have previously given us a different mailing address
7. Pistol Permit Number, written in the following format: permit number-year, i.e. 111-98. If you do not have this information please leave blank

PPB-5 (REV. 08/22)

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

NYSID # _____

Date: _____ **1**

Amendment form for (check one):

_____ County License OR New York State Police License

| | | |
|--|------------------------|--|
| Name 2 | Date of Birth 3 | NY Driver's License No. (or NY Non-Driver ID No.) 4 |
| Physical Address (street, city, state, zip) 5 | | |
| Mailing Address (if different) 6 | | |

Pistol/Semi-Automatic Rifle License Number _____ **7** Date Issued _____
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:

1. Check the “Semi-Automatic Rifle License” box under “Transaction Type”
2. 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.
3. Sign on the line that says “Signature of Licensee”

TRANSACTION TYPE(S) (Check all that apply):

- 1** 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. 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**

| 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"/> | | |

- 2** 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 **3**

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

NYSID # _____

Date: **REQUIRED** _____

Amendment form for (check one):

_____ County License OR New York State Police 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 | | | | | |

If you know please fill out

| | | | |
|--|---|----------------|--------------------|
| Pistol/Semi-Automatic Rifle License Number | <u>Format of number-year, i.e. 111-98</u> | Date Issued | LEAVE BLANK |
| Duplicate License Number | | Date Issued | |
| Transfer License Number | LEAVE BLANK | Date Issued | |
| Transferred From | | Transferred to | |

Check "Semi-Automatic Rifle License" box **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

- New Name _____ **LEAVE BLANK**
- New Physical Address _____ **LEAVE BLANK**
- New Mailing Address (If different) _____ **LEAVE BLANK**
- 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 |
|--------------------|---------------------------------|-------|------------|------------|---------------|
| LEAVE BLANK | | | | | |

6. Following Weapon(s) Disposed to: (Name, Address)

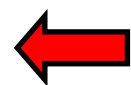
| Manufacturer | Pistol / Revolver / Single Shot | Model | Frame Only | Caliber(s) | Serial Number |
|--------------------|---------------------------------|-------|------------|------------|---------------|
| LEAVE BLANK | | | | | |

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 |
|--------------------|---------------------------------|-------|------------|------------|---------------|
| 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

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
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # _____

Date: _____

Amendment form for (check one):

_____ County License OR New York State Police 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/Semi-Automatic Rifle License Number _____ Date Issued _____
 Duplicate License Number _____ Date Issued _____
 Transfer License Number _____ Date Issued _____
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TRANSACTION TYPE(S) (Check all that apply):

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 Semi-Automatic Rifle License Add Remove
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5. Following Weapon(s) Acquired From: (Name, Address) _____

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| 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 |
|--------------|---------------------------------|-------|--------------------------|------------|---------------|
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| | | | <input type="checkbox"/> | | |

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 Law Enforcement Agency Reported To: _____

| Manufacturer | Pistol / Revolver / Single Shot | Model | Frame Only | Caliber(s) | Serial Number |
|--------------|---------------------------------|-------|--------------------------|------------|---------------|
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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