

D/O/B \_\_\_\_\_  
 NYSID# \_\_\_\_\_

**WESTCHESTER COUNTY**  
**TIMOTHY C. IDONI**  
 County Clerk

Westchester County Clerk  
 Pistol Division  
 110 Dr. Martin Luther King Jr. Blvd.  
 White Plains, New York 10601

**APPLICATION FOR AMENDED OR DUPLICATE PISTOL LICENSE**

\_\_\_\_\_

**ORIGINAL LICENSE #**

INSTRUCTIONS: Complete form and submit in DUPLICATE to the Westchester County Clerk's Office and include \$3.00 for Amendment or \$5.00 for duplicate.

NAME:		STREET:		CITY/VILLAGE/TOWN:	
AGE:	HEIGHT:	WEIGHT:	NOTE: Check box if purchase order is needed <input type="checkbox"/>		

**CIRCLE APPROPRIATE TRANSACTION (S)**

RESIDENCE CHANGE    DISPOSED    ACQUIRED    NAME CHANGE    RESTRICTION CHANGE    TRANSFER  
 DUPLICATE    SURRENDERED    SUSPENDED    REVOKED    DECEASED    OTHER \_\_\_\_\_

**I. TO AMEND LICENSE COMPLETE 1 THROUGH 7 WHERE APPROPRIATE**

1. NAME \_\_\_\_\_ PHONE #'s: HOME \_\_\_\_\_ WORK \_\_\_\_\_

2. NEW ADDRESS \_\_\_\_\_

3. THE FOLLOWING WEAPON (S) HAVE BEEN ACQUIRED FROM: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

LICENSE #/DEALER LICENSE #/SHIELD # \_\_\_\_\_ . IF MORE THAN ONE SELLER, CHECK THIS

BOX  AND FILL OUT BOX 7 ON THE BACK OF THIS FORM.

MAKE	REV/AUTO	MODEL	CALIBER	SERIAL #
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4. THE FOLLOWING WEAPON (S) HAVE BEEN DISPOSED TO: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

LICENSE #/DEALER LICENSE #/SHIELD # \_\_\_\_\_ . IF MORE THAN ONE BUYER, CHECK THIS

BOX  AND FILL OUT BOX 7 ON THE BACK OF THIS FORM.

MAKE	REV/AUTO	MODEL	CALIBER	SERIAL #
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5. THE FOLLOWING WEAPON (S) HAVE BEEN: (CIRCLE ONE)    LOST    STOLEN    DESTROYED

LAW ENFORCEMENT AGENCY REPORTED TO: \_\_\_\_\_

MAKE	REV/AUTO	MODEL	CALIBER	SERIAL #
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6. AMEND LICENSE TO: (CIRCLE ONE)    ADD    DELETE    A RESTRICTION

IF AMENDMENT IS EMPLOYMENT RELATED, STATE THE FOLLOWING: (FOR A BUSINESS, EMPLOYMENT, OR FULL CARRY)  
 I AM REQUESTING THAT THE RESTRICTION ON MY LICENSE BE CHANGED TO: \_\_\_\_\_

NAME:	STREET:	CITY/VILLAGE/TOWN:
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7. NAMES AND ADDRESS' OF BUYERS AND/OR SELLERS (IDENTIFY IF BUYER OR SELLER)

NAME	ADDRESS	WEAPON SERIAL #

(A separate list of buyers/sellers must be submitted in triplicate on plain white paper, if there are more than 4 buyers/sellers.)

**II. TO REQUEST A DUPLICATE LICENSE, COMPLETE AFFIDAVIT**

STATE OF NEW YORK                    }  
 COUNTY OF WESTCHESTER        } S.S.  
 CITY/VILLAGE OF                    }

Full Name \_\_\_\_\_

Present Occupation \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

\_\_\_\_\_

Serial number of lost license \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Brief statement of circumstances under which permit was lost:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Statement of weapon (s) now in applicant's possession, which are to be registered on license:

MAKE	REV/AUTO	MODEL	CALIBER	SERIAL #

(A separate list of guns must be submitted in triplicate on plain white paper, if applicant possesses more than 3 guns.)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Applicant's Signature

Notary Public

**III. TO BE COMPLETED BY ALL APPLICANTS**

Have you been arrested for any crime, been a patient at any mental institution, or had an order of protection issued against you since the last license was issued? (CIRCLE ONE) YES NO

If yes, give details below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Foreign Born Citizens Only - Naturalization Certificate Number \_\_\_\_\_

Date of Issuance \_\_\_\_\_ Court \_\_\_\_\_

I SWEAR THAT ALL THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE \_\_\_\_\_

APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY

AMENDED LICENSE APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> DUPLICATE LICENSE APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> EXPIRATION DATE _____	DATE	COUNTY JUDGE
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