



**ST. LAWRENCE COUNTY  
OFFICE OF THE COUNTY CLERK**

48 Court Street, County Courthouse  
Canton, New York 13617-1198  
Telephone (315) 379-2237 Fax (315) 379-2302

**Sandra W. Santamoore**  
St. Lawrence County Clerk  
**Melissa Friedel**  
St. Lawrence Deputy County Clerk  
**Lisa Woodard**  
St. Lawrence Deputy County Clerk

**Instructions for Adding the Semi-Automatic Rifle Endorsement  
to your Pistol Permit by Mail**

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 St. Lawrence County Clerk

Mailing Address:

48 Court Street

ATTN: Pistol Permit Unit

Canton, NY 13617

Upon review and acceptance of these documents, a clerk will mail back an updated permit.

**\*\*A self-addressed postage paid envelope must be included for the return of the updated permit.**

**If you have a plastic permit you are required to dispose of your old permit upon receipt of your new permit.**

If you have any questions, contact the St. Lawrence County Clerk's Office at 315.379.2237.

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 leave blank
2. Date you are filling the amendment out
3. Check box and fill in "St. Lawrence" for County License
4. Full name on Pistol Permit
5. Date of Birth
6. Driver's License Number from your NYS Driver's License or Non Driver ID
7. Address listed on your pistol permit
8. Mailing address if different then physical address, only fill this out if you have previously given us a different mailing address
9. Pistol Permit Number, written in the following format: C00000000
10. Date your permit was issued

PPB-6 (REV. 09/22) STATE OF NEW YORK  
PISTOL / REVOLVER LICENSE AMENDMENT  
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # 1 Date: 2

Amendment form for (check one): 3 County License  OR  New York State Police License

Name <span style="border: 1px solid black; padding: 2px;">4</span>	Date of Birth <span style="border: 1px solid black; padding: 2px;">5</span>	NY Driver's License No. (or NY Non-Driver ID No.) <span style="border: 1px solid black; padding: 2px;">6</span>
Physical Address (street, city, state, zip) <span style="border: 1px solid black; padding: 2px;">7</span>		
Mailing Address (if different) <span style="border: 1px solid black; padding: 2px;">8</span>		

Pistol/Semi-Automatic Rifle License Number 9 Date Issued 10  
 Duplicate License Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Transfer License Number \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Transferred From \_\_\_\_\_ Transferred to \_\_\_\_\_

Lic#: **C00000000** 9  
 DOI: 6/17/2005 10

**STATE OF NEW YORK  
St. Lawrence County**

**LICENSE TYPE: CARRY CONCEALED/SEMI-AUTOMATIC RIFLE**



**JANE A DOE**  
 48 COURT STREET  
 CANTON, NY 13617

Occupation: **INDEX CLERK**  
 Employer: **ST LAWRENCE COUNTY**  
 Nationality: **AMERICAN**  
 Date Of Birth: **1/1/1990**  
 Ht. **5' 11** Wt: **120** Sex: **F**



*Anthony P. Horie*  
 St. Lawrence County Judge

Restrictions  
**NONE**

You need to fill out the following fields to complete your amendment for an address change

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

**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 \_\_\_\_\_

2 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"/>		

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. **3**

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

**4**

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