



**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. Santamoor
St. Lawrence County Clerk
Melissa Friedel
St. Lawrence Deputy County Clerk
Lisa Woodard
St. Lawrence Deputy County Clerk

**Instructions for Removal of Restrictions from your
Pistol Permit by Mail**

Please mail the following items to our office:

- Original filled out amendment form
- Original filled out application for removal of restrictions
- 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 4	Date of Birth 5	NY Driver's License No. (or NY Non-Driver ID No.) 6
Physical Address (street, city, state, zip) 7		
Mailing Address (if different) 8		

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

