



**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 Co-Registering a Firearm on your
Pistol Permit by Mail**

Please mail the following items to our office:

- Original filled out amendment form
- A completed [Consent form](#)
- A copy of your entire pistol permit (including firearm cards)
- Payment of \$3 - 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 of 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-5 (REV. 08/22) 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**



Gregory P. Morris
 St. Lawrence County Judge

Restrictions
NONE

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

1. Check the “Acquired” box under “Transaction Type”
2. Fill in the name of the person that you are co-registering with including their pistol permit number.
3. Fill in the “Manufacturer” field (i.e. Colt, Ruger, S&W)
4. “Semi-Automatic /Revolver/Single Shot” field
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, “multi” 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
 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 |
|---|---|---|--------------------------|---|---|
| ↑ 3 | ↑ 4 | ↑ 5 | <input type="checkbox"/> | ↑ 6 | ↑ 7 |
| <input type="checkbox"/> | | | <input type="checkbox"/> | | |

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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"/> | | |

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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
 SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # Not all permits will have this

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 permit, even if it is incorrect. | | |
| Mailing Address (if different) If your mailing address is different then you physical address, fill this line out. | | |

Pistol/Semi-Automatic Rifle License Number REQUIRED Format of number (C000...) Date Issued REQUIRED
 Duplicate License Number _____ Date Issued _____
 Transfer License Number _____ Date Issued _____
 Transferred From _____ Transferred to _____

Check "acquired" box for co-registration of a gun. **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 _____
- New Physical Address _____
- New Mailing Address (if different) _____
- New Email Address _____
- Following Weapon(s) Acquired From: (Name, Address) **REQUIRED - FOR CO-REGISTRATION. List name & permit # of person giving consent**
***Numbers 5, 6, and 7 DO NOT APPLY TO SEMI-AUTOMATIC RIFLES**

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

- 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"/> | | |

- 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.

LEAVE BLANK

REQUIRED, SIGN HERE

 Licensing Officer

 Signature of Licensee

*Read statement, check YES or NO. Sign name on "Signature of Licensee"