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. Full name on Pistol Permit
4. Date of Birth
5. Driver’s License Number from your NYS Driver’s License or Non Driver ID
6. Address listed on your pistol permit
7. Mailing address if different then physical address, only fill this out if you have previously given us a different mailing address
8. Pistol Permit Number, written in the following format: C00000000
9. Date your permit was issued
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. Fill in “Removal of Restrictions” after “other”
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  
- [ ] Other

**REMOVAL OF RESTRICTIONS**

**AMEND LICENSE FOR THE FOLLOWING**

1. New Name ____________________________
2. New Physical Address ____________________________
3. New Mailing Address (if different) ____________________________
4. Following Weapon(s) Acquired From: (Name, Address)

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Pistol / Revolver / Single Shot</th>
<th>Model</th>
<th>Frame Only</th>
<th>Caliber(s)</th>
<th>Serial Number</th>
</tr>
</thead>
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STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # Not all permits will have this
Amendment form for (check one):
☐ St. Lawrence County County License
OR
☐ New York State Police Pistol 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 than your physical address, fill this line out.

Pistol License Number REQUIRED
Duplicate License Number
Transfer License Number
Transferred From

Date Issued REQUIRED
Date Issued
Date Issued

TRANSACTION TYPE(S) (Check all that apply):
☐ Acquired ☐ Address Change ☐ Deceased ☐ Disposed ☒ Duplicate ☐ Lost / Stolen Firearm ☐ Name Change
☐ Revoked ☐ Surrendered ☐ Suspended ☐ Transfer ☐ Other

REMOVAL OF RESTRICTIONS

AMEND LICENSE FOR THE FOLLOWING

1. New Name

2. New Physical Address

3. New Mailing Address (if different)

4. Following Weapon(s) Acquired From: (Name, Address)

<table>
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<tr>
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<th>Model</th>
<th>Frame Only</th>
<th>Caliber(s)</th>
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5. Following Weapon(s) Disposed to: (Name, Address)

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<tr>
<th>Manufacturer</th>
<th>Pistol / Revolver</th>
<th>Model</th>
<th>Frame Only</th>
<th>Caliber(s)</th>
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6. Following Weapons(s) has been: ☐ Lost ☐ Stolen ☐ Destroyed

Law Enforcement Agency Reported To:

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Pistol / Revolver</th>
<th>Model</th>
<th>Frame Only</th>
<th>Caliber(s)</th>
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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. REQUIRED, SIGN HERE

______________
Licensing Officer

______________
Signature of Licensee

Read statement, check yes or no. Sign name on “Signature of Licensee”