



**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

**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 of 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

PPB-5 (REV. 02/17)

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # _____ **1**

Date: _____ **2**

Amendment form for (check one):

St. Lawrence County County License OR New York State Police Pistol License

| | | |
|--|------------------------------|--|
| Name _____ 3 | Date of Birth _____ 4 | NY Driver's License No. (or NY Non-Driver ID No.) _____ 5 |
| Physical Address (street, city, state, zip) _____ 6 | | |
| Mailing Address (if different) _____ 7 | | |

Pistol License Number _____ **8**
 Duplicate License Number _____
 Transfer License Number _____
 Transferred From _____

Date Issued _____ **9**
 Date Issued _____
 Date Issued _____
 Transferred To _____

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

1. Check the "Other" 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 ¹ REMOVAL OF RESTRICTIONS ²

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) _____

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

5. 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"/> | | |
| | | | <input type="checkbox"/> | | |

6. 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"/> | | |
| | | | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | | |

- 3 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

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Signature of Licensee

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # Not all permits will have this

Date: **REQUIRED**

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 then your physical address, fill this line out. | | |

Pistol License Number **REQUIRED** _____ Date Issued **REQUIRED** _____
 Duplicate License Number _____ Date Issued _____
 Transfer License Number _____ Date Issued _____
 Transferred From _____ Transferred To _____

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

- New Name _____
- New Physical Address _____
- New Mailing Address (If different) _____
- Following Weapon(s) Acquired From: (Name, Address) _____

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

 Licensing Officer

REQUIRED, SIGN HERE

 Signature of Licensee

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