

LICENSE NUMBER

AMENDMENT FORM

FOR PISTOL LICENSE AND WEAPON PURCHASE
PDCS-4419LEXPIRATION DATE
OF LICENSE

NYSID NUMBER

TODAYS DATE

INSTRUCTIONS: A \$5.00 FEE IS REQUIRED FOR EACH AMENDMENT 1 THROUGH 9. IN ADDITION, A \$5.00 FEE IS REQUIRED FOR EACH FIREARM IN 3, 4 AND 5. THE FEE MUST BE PAID BY CHECK OR MONEY ORDER, PAYABLE TO **S.C.P.D.** CASH WILL **NOT** BE ACCEPTED. PRINT OR TYPE ALL INFORMATION IN BLACK INK ONLY. ANY REQUEST BY MAIL MUST BE ACCOMPANIED BY A SELF-ADDRESSED STAMPED ENVELOPE.

**OFFICE HOURS ARE 9:00 A.M. TO 4:30 P.M. MONDAY THRU FRIDAY
THURSDAY 9:00 A.M. TO 8:30 P.M.**

Name: _____ Telephone (Residence) _____ (Work) _____
FIRST M.I. LAST

Address: _____ D.O.B. _____



MAKE CHANGES BELOW



- I have moved to: _____ New Telephone : _____
- I have changed added my part full time employment _____
address: _____ occupation: _____
- The following weapon(s) has been lost stolen destroyed. Police Case No. _____ Date: _____
MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____
MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____
- The following weapon has been sold to: Name _____ Lic./Shield/Dealer No. _____
MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____
MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____
- The following weapon is being purchased from: Name _____ Lic./Shield/Dealer No. _____
MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____
MAKE _____ MODEL _____ CAL. _____ TYPE _____ SERIAL NO. _____
- I request a duplicate license because my license has been lost stolen destroyed
- The additional purpose for which I need to amend my license is: _____
- The following purpose should be deleted from my license: _____
- Other: _____

False statements made herein are punishable as a class "A" Misdemeanor
Pursuant to Section 210.45 of the Penal Law, State of New York.

Officer_____
Signature_____
Date

OFFICIAL USE ONLY



Business verified by: _____ Date verified: _____

Duplicate license issued yes no _____ Date issued: _____Application: Approved Disapproved

Commanding Officer: _____ Date: _____

Application Approved Disapproved

Licensing Officer: _____ Date: _____