PPB-5 (REV 02/26)

STATE OF NEW YORK

PISTOL / REVOLVER LICENSE AMENDMENT
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # (OFFICIAL USE ONLY) _____ Date: _____

Amendment form for (check one):

☑ **Wayne** _____ County License OR ☐ New York State Police License

Name	Date of Birth	Driver's License No. (or Non-Driver ID No.)	License State
Physical Address (street, city, state, zip)			
Mailing Address (if different)			

Pistol/Semi-Automatic Rifle License Number _____ Date Issued _____
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 ☐ 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. Business Name of NYS Dealer Performing NICS Check _____
6. Following Weapon(s) Acquired From: (Name, Address) _____

Numbers 6, 7 and 8 DO NOT APPLY TO SEMI-AUTOMATIC RIFLES

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			☐		
			☐		

7. Following Weapon(s) Disposed to: (Name, Address) _____

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
			☐		
			☐		

8. 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
			☐		

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 _____

Use the boxes below if additional space is needed.

Acquired, Disposed, Lost, Stolen or Destroyed	Manufacturer	Pistol/ Revolver/ Single Shot	Model	Frame Only	Caliber(s)	Serial Number
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		
				☐		