ORANGE COUNTY CLERK'S OFFICE

255 MAIN STREET GOSHEN, NEW YORK 10924
845- 291- 2690 FAX: 845- 378-2368

COUNTY CLERK KELLY A. ESKEW

JAMES G. MCGEE
DEPUTY COUNTY CLERK

EDWARD ENGLISH
DEPUTY COUNTY CLERK, DMV

WWW.ORANGECOUNTYGOV.COM/COUNTYCLERK

AMENDMENT INSTRUCTIONS

SUBMIT:

- Amendment form in **DUPLICATE** with **ORIGINAL** signatures.
  - If changing name or address provide copy of updated Driver's License
  - If requesting restriction change must write letter requesting change
  - If employment change must submit proof of employment
  - If adding Semi-Automatic Rifle license check add
- Photocopy of your Pistol Permit (Front & Back of each card)
- Copy of your bill/sale OR notarized statement from present owner if you intend to co-own the firearm and copy of their Pistol Permit (Front & Back of each card) OR notarized statement from Estate if you are inheriting the weapon & proof of Estate
- **SELF-ADDRESSED-STAMPED ENVELOPE**
- Fee(s): $5.00 for each gun added or removed.
  $5.00 to add Semi-Automatic Rifle license.
  $5.00 for each non-gun transaction (name, address, job etc.)
  $5.00 duplicate license **FILL OUT "DUPLICATE" FORM**
  (Height/Weight, Occupation & List of firearms currently on license.)

- Answer YES or NO at the bottom of both amendment forms & sign bottom right.

- DO NOT USE WHITE OUT ON AMENDMENT FORMS!

We accept cash, checks or money orders payable to:
ORANGE COUNTY CLERK'S OFFICE

Personal checks **must** include printed name & address. No starter checks.

FORWARD ALL PAPERWORK TO:

Orange County Clerk's Office
255 Main Street
Goshen, New York 10924
Attn: Pistol Permits

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All the following questions must be answered for your Pistol Permit amendment.
This form must be submitted with your amendment every 3 years.

Have you been known by any other names? Yes/ No

If yes, please list_____

Race (select One): White /Asian / Black or African American/Hispanic or Latino/ American Indian or Alaskan Native/ Native Hawaiian or Other Pacific Islander/ Unknown/ Other

Ethnicity (Select One) Hispanic or Latino/ Non-Hispanic or Latino.

SELECT ONE THAT APPLIES:

Honorable Discharge from the Military/ Still Active member of the military/ Never joined the military/ Dishonorable discharge from the military. Other_____

Are you a US Citizen? Yes/ No

Place of birth: Country: _____State: _____City: _____

If no, what is your Citizenship? _____

Social Security Number: _____-_____- _____

Employer/Occupation_____

If you have a Unique Pin Identification Number (UPIN) please provide _____

Valid NYS Drivers License/ ID number: _____

Primary contact phone number: (_____)-_____-_____

E-Mail Address (This will be used by this office and NYS Police for contact information):

_____

PPB-5 (REV. 08/22)

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # _____ Date: _____

Amendment form for (check one):

☒ ORANGE County License OR ☐ New York State Police License

Name	Date of Birth	NY Driver's License No. (or NY Non-Driver ID No.)
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. 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
			☐		
			☐		

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

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

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
			☐		

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

PPB-5 (REV. 08/22)

STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # _____ Date: _____

Amendment form for (check one):

☒ ORANGE County License OR ☐ New York State Police License

Name	Date of Birth	NY Driver's License No. (or NY Non-Driver ID No.)
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) _____
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_____ Licensing Officer

_____ Signature of Licensee