



Office of the County Clerk

Monroe County, New York

Ms. Jamie L. Romeo
County Clerk

Mr. Thaddeus I. Mack
Deputy County Clerk

Instructions for Co-Registering Firearm on Your Pistol Permit by Mail

Please mail the following items to our office:

- Original filled out amendment form
- A completed Co-Registration form, including notary signature and stamp
- A copy of your pistol permit
- Payment of \$3 - cash or check made out to Monroe County Clerk

Mailing Address:

39 West Main Street

ATTN: Pistol Permit Unit

Rochester, NY 14614

Upon review and acceptance of these documents, a clerk will mail back an updated permit and a coupon.
PLEASE ALLOW 7-10 DAYS FOR THIS PROCESS TO OCCUR.

You are required to dispose of your old permit upon receipt of your new permit.

If you have any questions, please contact us at 753-1642 or mcpistols@monroecounty.gov.

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, ends in a letter (note: not everyone's permit will have this number especially if you have a paper permit)
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 Drivers 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: permit number-year, i.e. 111-98
9. Date your permit was issued

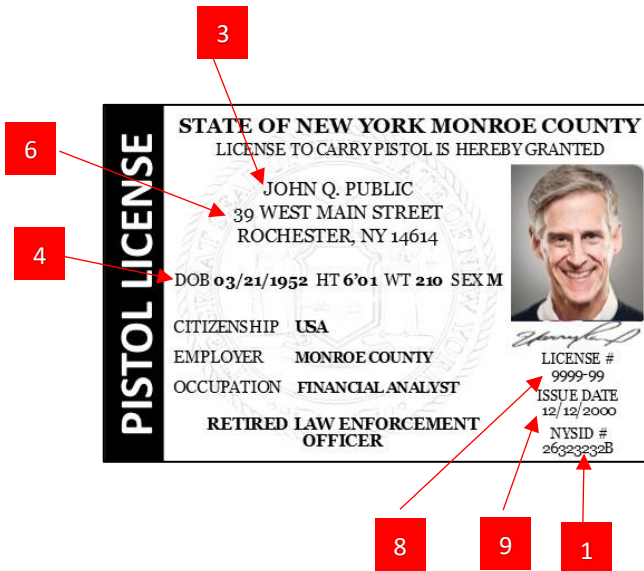
PPB-5 (REV. 08/22) STATE OF NEW YORK
 PISTOL / REVOLVER LICENSE AMENDMENT
 SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # 1 Date: 2

Amendment form for (check one):
 _____ County License OR New York State Police License

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

Pistol/Semi-Automatic Rifle License Number 8 Date Issued 9
 Duplicate License Number _____ Date Issued _____
 Transfer License Number _____ Date Issued _____
 Transferred From _____ Transferred to _____



You need to fill out the following fields to complete your amendment:

1. Check the “Acquired” box under “Transaction Type”
2. Fill in the name of the person you are co-registering the gun with including their pistol permit number
3. Fill in the “Manufacturer” field (i.e. Colt, Ruger, S&W)
4. “Pistol/Revolver/Single Shot” field. For Semi-Automatic firearms write “pistol”
5. “Model” field, if your firearm does not have a model put none.
6. “Caliber” field, if your firearm has a conversion kit please list the barrels it currently has, “varies” is not an acceptable response and will be rejected.
7. “Serial Number” field, please write the number clearly to avoid rejection of form
8. 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.
9. Sign on the line that says “Signature of Licensee”

1

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

6. 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"/>		

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
			<input type="checkbox"/>		

8 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

9

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

NYSID # **Not all permits will have this**

Date: **REQUIRED**

Amendment form for (check one):

_____ County License OR New York State Police 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 pistol permit, even if it is incorrect					
Mailing Address (if different)					
If your mailing address is different then your physical address please fill this line out					

Pistol/Semi-Automatic Rifle License Number	REQUIRED <small>Format of number-year, i.e. 111-98</small>	Date Issued	REQUIRED
Duplicate License Number	LEAVE BLANK	Date Issued	LEAVE BLANK
Transfer License Number		Date Issued	
Transferred From		Date Issued	
		Transferred to	

Check "acquired" box for purchasing a gun

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

- New Name _____ **LEAVE BLANK**
- New Physical Address _____ **LEAVE BLANK**
- New Mailing Address (If different) _____ **LEAVE BLANK**
- New Email Address _____

5. Following Weapon(s) Acquired From: (Name, Address) **REQUIRED FOR CO-REGISTRATION. List name & permit # of person giving consent**
***Numbers 5, 6, and 7 DO NOT APPLY TO SEMI-AUTOMATIC RIFLES**

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

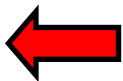
6. Following Weapon(s) Disposed to: (Name, Address) _____

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

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
LEAVE BLANK					

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.



LEAVE BLANK

Licensing Officer

REQUIRED, SIGN HERE

Signature of Licensee

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

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

NYSID # _____

Date: _____

Amendment form for (check one):

_____ 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

- New Name _____
- New Physical Address _____
- New Mailing Address (If different) _____
- New Email Address _____
- 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
			<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"/>		

- 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"/>		

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

