



Office of the County Clerk

Monroe County, New York

Ms. Jamie L. Romeo
County Clerk

Mr. Thaddeus I. Mack
Deputy County Clerk

Instructions for Adding the Semi-Automatic Rifle Permit to your Existing Pistol Permit by Mail

Please mail the following items to our office:

- Original filled out amendment form
- A copy of your pistol permit
 - If you currently have a paper permit you must include the application to convert to a plastic permit card with your amendment
- Payment of \$5 - 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 BUSINESS 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 is 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 Driver 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

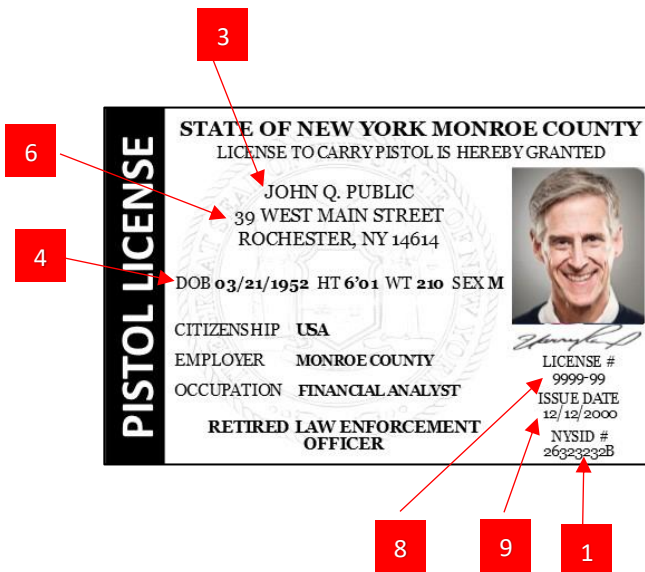
PPB-5 (REV. 08/22) STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT
SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

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 “Semi-Automatic Rifle License” box under “Transaction Type”
2. 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.
3. Sign on the line that says “Signature of Licensee”

TRANSACTION TYPE(S) (Check all that apply):

- 1** 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"/>		

- 2** 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 **3**

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		Date Issued	
Transfer License Number	LEAVE BLANK	Date Issued	LEAVE BLANK
Transferred From		Transferred to	

Check "Semi-Automatic Rifle License" box **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 _____ **LEAVE BLANK**
- New Mailing Address (If different) _____
- 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
LEAVE BLANK					

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.

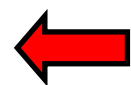
LEAVE BLANK

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):

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 Semi-Automatic Rifle License Add Remove
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 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