ST. LAWRENCE COUNTY
OFFICE OF THE COUNTY CLERK

48 Court Street, County Courthouse
Canton, New York 13617-1198
Telephone (315) 379-2237 Fax (315) 379-2302

Sandra W. Santamoor
St. Lawrence County Clerk
Melissa Friedel
St. Lawrence Deputy County Clerk
Lisa Woodard
St. Lawrence Deputy County Clerk

<u>Instructions for Adding the Semi-Automatic Rifle Endorsement to your Pistol License by Mail</u>

Please mail the following items to our office:

- Original filled out amendment form
- A copy of your entire pistol license (including firearm cards)
- Payment of $5 - cash or check made out to St. Lawrence County Clerk

Mailing Address:

48 Court Street

ATTN: Pistol License Unit

Canton, NY 13617

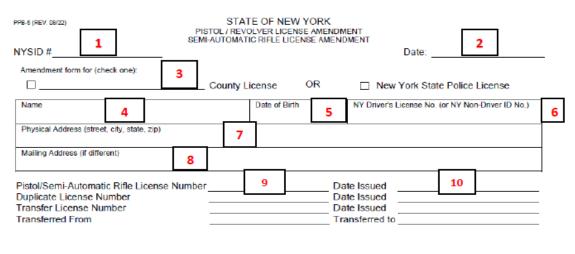Upon review and acceptance of these documents, a clerk will mail back an updated license.

**A self-addressed postage paid envelope must be included for the return of the updated license.

If you have a plastic license you are required to dispose of your old license upon receipt of your new license.

If you have any questions, contact the St. Lawrence County Clerk's Office at 315.379.2237.

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 leave blank
2. Date you are filling the amendment out
3. Check box and fill in "St. Lawrence" for County License
4. Full name on Pistol License
5. Date of Birth
6. Driver's License Number from your NYS Driver's License or Non Driver ID
7. Address listed on your pistol license
8. Mailing address if different then physical address, only fill this out of you have previously given us a different mailing address
9. Pistol License Number, written in the following format: C00000000
10. Date your license was issued

PPB-6 (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): [3]

☐ _____ County License   OR   ☐ New York State Police License

Name [4]	Date of Birth [5]	NY Driver's License No. (or NY Non-Driver ID No.) [6]
Physical Address (street, city, state, zip) [7]		
Mailing Address (if different) [8]		

Pistol/Semi-Automatic Rifle License Number [9]   Date Issued [10]
Duplicate License Number _____   Date Issued _____
Transfer License Number _____   Date Issued _____
Transferred From _____   Transferred to _____

Lic#: C00000000   [9]
DOI: 6/17/2005   [10]

STATE OF NEW YORK
St. Lawrence County

LICENSE TYPE: CARRY CONCEALED/SEMI-AUTOMATIC RIFLE

JANE A DOE
48 COURT STREET
CANTON, NY 13617

Occupation: INDEX CLERK
Employer: ST LAWRENCE COUNTY
Nationality: AMERICAN
Date Of Birth: 1/1/1990
Ht. 5' 11 Wt: 120 Sex: F

St. Lawrence County Judge

Restrictions
NONE

You need to fill out the following fields to complete your amendment for an address change

1. Check the "Duplicate" box under "Transaction Type"
2. Check the "Semi-Automatic Rifle License" box under "Transaction Type"
3. 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.
4. Sign on the line that says "Signature of Licensee"

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 _____

2 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
			☐		
			☐		

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. **3**

_____   **4** _____
            Licensing Officer   Signature of Licensee