

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

Instructions for Removal of Restrictions from your Pistol License by Mail

Please mail the following items to our office:

- · Original filled out amendment form
- Original filled out application for removal of restrictions
- 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.

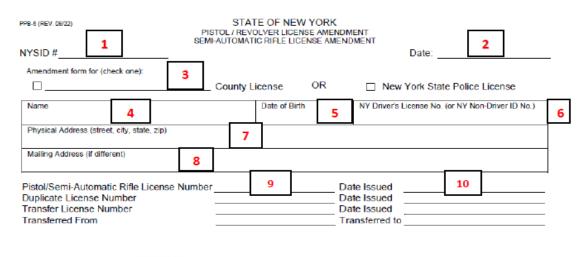
**A self-addressed postage paid envelope must be included for the return of the updated license.

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



ST LAWRENCE COUNT





Employer:

Nationality: AMERICAN
Date Of Birth: 1/1/1990
Ht 5' 11 Wt 120 Sev: F

Restrictions Ht. 5' 11 Wt: 120 Sex: F

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. Fill in "Removal of Restrictions" after "other"
- 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 REMOVAL OF RESTRICTIONS					
Semi-Automatic Rifle License Add Remove 2					
Pistol/Revolver License					
License Type					
AMEND LICENSE FOR THE FOLLOWING					
1. New Name					
New Physical Address					
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
Following Weapon(s) Disposed to: (Name, Address)					
Manufacturer	Pistol / Revolver /	Model	Frame	Caliber(s)	Serial Number
THE INCOME.	Single Shot	model	Only	00.00.(5)	ocha Hamber
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		