



**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. Santamoore
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 if 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. 06/22) 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**



Anthony P. Horie
 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. 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
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"/>		

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**

Licensing Officer

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Signature of Licensee