



**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 Changing Your Address on your  
Pistol License by Mail**

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 and coupon.**

**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. 09/22) 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 <span style="border: 1px solid black; padding: 2px;">4</span>	Date of Birth <span style="border: 1px solid black; padding: 2px;">5</span>	NY Driver's License No. (or NY Non-Driver ID No.) <span style="border: 1px solid black; padding: 2px;">6</span>
Physical Address (street, city, state, zip) <span style="border: 1px solid black; padding: 2px;">7</span>		
Mailing Address (if different) <span style="border: 1px solid black; padding: 2px;">8</span>		

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**

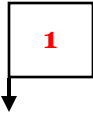


*Gregory P. Storie*  
 St. Lawrence County Judge

Restrictions  
**NONE**

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

1. Check the "Address Change" box under "Transaction Type"
2. Fill in the "New Physical Address" with your new address
3. If you would like to have a different mailing address then fill out the "New Mailing Address" field
4. 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.
5. 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 \_\_\_\_\_  
 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.



\_\_\_\_\_  
Licensing Officer

\_\_\_\_\_  
Signature of Licensee