



**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 Co-Registering a Firearm on your  
Pistol License by Mail**

Please mail the following items to our office:

- Original filled out amendment form
- A completed [Consent form](#)
- A copy of your entire pistol license (including firearm cards)
- Payment of \$3 - 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 <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. Horie*  
 St. Lawrence County Judge

Restrictions  
**NONE**

You need to fill out the following fields to complete your amendment:

1. Check the “Acquired” box under “Transaction Type”
2. Fill in the name of the person that you are co-registering with including their pistol license number.
3. Fill in the “Manufacturer” field (i.e. Colt, Ruger, S&W)
4. “Semi-Automatic /Revolver/Single Shot” field
5. “Model” field, if your firearm does not have a model put none.
6. “Caliber” field, if your firearm has a conversion kit please list the barrels it currently has, “multi” is not an acceptable response and will be rejected.
7. “Serial Number” field, please write the number clearly to avoid rejection of form
8. 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.
9. Sign on the line that says “Signature of Licensee”

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**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
↑ <b>3</b>	↑ <b>4</b>	↑ <b>5</b>	<input type="checkbox"/>	↑ <b>6</b>	↑ <b>7</b>
			<input type="checkbox"/>		

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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"/>		

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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

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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 <b>REQUIRED</b>	Date of Birth <b>REQUIRED</b>	NY Driver's License No. (or NY Non-Driver ID No.) <b>REQUIRED</b>
Physical Address (street, city, state, zip) <b>REQUIRED</b> This is the address currently listed on your permit, even if it is incorrect.		
Mailing Address (if different) If your mailing address is different then you physical address, fill this line out.		

Pistol/Semi-Automatic Rifle License Number REQUIRED Format of number (C000...)      Date Issued REQUIRED  
 Duplicate License Number \_\_\_\_\_      Date Issued \_\_\_\_\_  
 Transfer License Number \_\_\_\_\_      Date Issued \_\_\_\_\_  
 Transferred From \_\_\_\_\_      Transferred to \_\_\_\_\_

Check "acquired" box for co-registration of a gun.      **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 \_\_\_\_\_
- New Mailing Address (if different) \_\_\_\_\_
- New Email Address \_\_\_\_\_
- Following Weapon(s) Acquired From: (Name, Address) **REQUIRED - FOR CO-REGISTRATION. List name & permit # of person giving consent**  
**\*Numbers 5, 6, and 7 DO NOT APPLY TO SEMI-AUTOMATIC RIFLES**

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
<b>REQUIRED</b>	<b>REQUIRED</b>	<b>REQUIRED</b>	<input type="checkbox"/>	<b>REQUIRED</b>	<b>REQUIRED</b>
			<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.

**LEAVE BLANK**

**REQUIRED, SIGN HERE**

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

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

\*Read statement, check YES or NO. Sign name on "Signature of Licensee"