

**PISTOL / REVOLVER LICENSE AMENDMENT FORM FOR LICENSES ISSUED BY OR TRANSFERRED TO  
CAYUGA COUNTY FOR LICENSEES SEEKING REMOVAL OF RESTRICTIONS.**

NYSID # \_\_\_\_\_

DATE OF FORM: \_\_\_\_\_

NAME		DATE OF BIRTH	
ADDRESS		PHONE NUMBER	
MAILING ADDRESS IF DIFFERENT			
PISTOL PERMIT LICENSE NUMBER	DATE ISSUED	DUPLICATE PISTOL PERMIT LICENSE NUMBER	DATE ISSUED

**Licensee must answer all questions and provide additional information if necessary**

1. Have you been **arrested**, OR **charged**, OR **indicted** with ANY criminal offense since the issuance of your pistol license?

**No**  **Yes**  If "Yes," List ANY AND ALL charges here and any convictions or other disposition.

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2. Have you been the subject of any **order of protection** issued by any court in any jurisdiction since the issuance of your pistol license?

**No**  **Yes**  If "Yes," List ANY AND ALL orders of protection issued and the court of issuance.

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3. Have you been the subject of any **extreme risk protection order** or **temporary extreme risk protection order** issued by any court in any jurisdiction since the issuance of your pistol license?

**No**  **Yes**  If "Yes," List ANY AND ALL such orders and the court of issuance.

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4. Have you been a patient of a **mental health institution** since the issuance of your pistol license?

**No**  **Yes**  If "Yes," List ANY AND ALL Dates of treatment and location.

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The undersigned Licensee requests removal of all restrictions on the above referenced Pistol License pursuant to *NYS Rifle & Pistol Association, Inc., et al. v. Bruen, et al.* The undersigned Licensee hereby affirms, under penalties of Penal Law §§210.40 and 210.45, that this form contains no omissions or false information. The undersigned understands that filing a false written statement is a felony which may result in criminal charges in addition to the suspension and/or permanent revocation of the above referenced Pistol License.

***\*Must be signed in the presence of a Notary Public\****

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

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
Notary Public

**OFFICE USE ONLY:** BRADY Needed: No  Yes  Paid: No  Yes  Card Printed: No  Yes