



MICHAEL C. BARTOLOTTI
County Clerk

PUTNAM COUNTY CLERK'S OFFICE
County Office Building
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Carmel, New York 10512
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JAMES J. McCONNELL
First Deputy County Clerk

TRANSFER FORM INSTRUCTIONS

1. Please clearly print or type requested information on the form.
2. Have your signature notarized.
3. Enclose two checks or money orders for five dollars (\$5.00) each.
Please make one payable to the Putnam County Clerk and the other one payable to the County that you are moving to.
4. You may bring in or mail back to us the completed form along with the required two checks.
5. Allow approximately three weeks for us to transfer your file to your new County.
6. Contact your new county to check whether there are any special rules or requirements relating to your pistol license.

Supreme/County COURT OF THE STATE OF NEW YORK
COUNTY OF PUTNAM

In the Matter of _____ Petitioner
(Print Your Name Here)

For the TRANSFER OF RECORDS AND APPLICATIONS relating
to Firearms License

PETITION

1. Petitioner presently resides at (NEW ADDRESS) _____

Phone number: _____ Email: _____

2. Petitioner formerly resided at (OLD ADDRESS) _____

3. Name of County transferring to: _____

4. Petitioner holds pistol license No. _____ which license
was issued by Judge _____ Court as licensing officer on _____

Pursuant to Penal Law, Section 400.00 Subdivision 5 petitioner hereby applies for transfer of all records and
applications relating to the appropriate officer in the county in which the petitioner now resides.

_____ being duly sworn, deposes and says that he/she read the foregoing petition and
(Print Your Name Here)

knows the contents thereof.

X _____
(Sign here in presence of Notary)

STATE OF NEW YORK
COUNTY OF _____

Sworn to before me this _____
day of _____, 20____

Notary Public

STATE OF NEW YORK
 PISTOL / REVOLVER LICENSE AMENDMENT
 SEMI-AUTOMATIC RIFLE LICENSE AMENDMENT

NYSID # _____

Date: _____

Amendment form for (check one):

_____ County License OR New York State Police License

Name	Date of Birth	NY Driver's License No. (or NY Non-Driver ID No.)
Physical Address (street, city, state, zip)		
Mailing Address (if different)		

Pistol/Semi-Automatic Rifle License Number	_____	Date Issued	_____
Duplicate License Number	_____	Date Issued	_____
Transfer License Number	_____	Date Issued	_____
Transferred From	_____	Transferred to	_____

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) _____

***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"/>		

- 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.

 Licensing Officer

 Signature of Licensee