

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

LAST 4 OF SSN _____

DATE _____

Name	Date of Birth	NYS Driver's License No.
Physical Address		
Mailing Address (If Different)		

Pistol License Number: _____

Date Issued: _____

Have you been arrested, OR indicted, OR charged of 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 dispositions.
_____. (If additional space is needed, use back of form)

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.
_____. (If additional space is needed, use back of form)

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.
_____. (If additional space is needed, use back of form)

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.
_____. (If additional space is needed, use back of form)

The undersigned Licensee requests removal of all restrictions on the above referenced Pistol License pursuant to *NYS Rife & 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.

Licensing Officer Signature

Licensee Signature