



HANDGUN LICENSE APPLICATION AMENDMENT

LICENSE NUMBER(S) _____ TYPE OF LIC. _____ YR. EXPIRES _____

LAST NAME _____ FIRST _____ M.I. _____

**CHANGE OF RESIDENCE INFORMATION FOR CARRY, SPECIAL CARRY/RETIRED MOS, PREMISE/RESIDENCE/
PREMISE/BUSINESS**

OLD INFORMATION			NEW INFORMATION		
HOME ADDRESS _____			HOME ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____	CITY _____	STATE _____	ZIP CODE _____
PRECINCT _____	HOME PHONE NUMBER _____		PRECINCT _____	HOME PHONE NUMBER _____	

ALL ADDRESS CHANGES MUST BE ACCOMPANIED BY A RECENT UTILITY BILL SHOWING THE NAME AND NEW ADDRESS OF THE LICENSEE. If you do not have a utility bill in your name, you **must** provide us with a utility bill in the name of the person with whom you reside, and with a **letter from that person stating that you reside with him/her; THE LETTER MUST BE SIGNED AND NOTARIZED BY THE PERSON WITH WHOM YOU LIVE, AND WHOSE NAME APPEARS ON THE UTILITY BILL.**

IF YOU HAVE A "SPECIAL" LICENSE, YOU MUST HAVE YOUR COUNTY LICENSE AMENDED BEFORE YOU CAN AMEND YOUR N.Y.C. HANDGUN LICENSE. CONTACT (646) 610-5872 FOR INSTRUCTIONS.

CHANGE OF EMPLOYMENT AND/OR ADDRESS FOR CARRY, SPECIAL CARRY/BUSINESS AND PREMISE/BUSINESS LICENSEE'S ONLY

OLD INFORMATION			NEW INFORMATION		
NAME OF COMPANY _____			NAME OF COMPANY _____		
TYPE OF BUSINESS _____	OCCUPATION _____		TYPE OF BUSINESS _____	OCCUPATION _____	
BUSINESS ADDRESS _____			BUSINESS ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____	CITY _____	STATE _____	ZIP CODE _____
PRECINCT _____	COUNTY _____		PRECINCT _____	COUNTY _____	

CARRY AND PREMISE/BUSINESS LICENSEES MUST CONTACT THE RENEWAL UNIT FOR INSTRUCTIONS. CONTACT (646) 610-5872. ASK FOR THE RENEWAL UNIT SUPERVISOR.

INSTRUCTIONS

ALL LICENSES MUST BE AMENDED WITHIN TEN DAYS OF THE CHANGE. TO HAVE YOUR LICENSE AMENDED YOU MUST REPORT IN PERSON TO ROOM 152 - ONE POLICE PLAZA, N.Y.C., BETWEEN THE HOURS OF 9 AM AND 4 PM - MONDAY - FRIDAY. YOU MUST BRING YOUR LICENSE(S), THIS COMPLETED FORM, AND ALL OTHER REQUISITE DOCUMENTATION. NOTE: WE ARE CLOSED ON ALL LEGAL HOLIDAYS!

NOTE: FAILURE TO REPORT AN ADDRESS OR STATUS CHANGE WITHIN THE SPECIFIED TIME MAY RESULT IN THE SUSPENSION AND/OR REVOCATION OF YOUR LICENSE.

THIS FORM MUST BE NOTARIZED

SIGNATURE OF LICENSEE

STATE OF NEW YORK
COUNTY OF _____ SS: _____

SWORN TO BEFORE ME (DATE) _____ NOTARY PUBLIC: _____

LICENSE DIVISION — RENEWAL UNIT ROOM 152
ONE POLICE PLAZA
NEW YORK, N.Y. 10038
PHONE: (646) 610-5872