



# OFFICE OF THE SHERIFF ALLEGANY COUNTY



**RICKY L. WHITNEY**  
SHERIFF

4884 STATE ROUTE 19 S  
BELMONT, NEW YORK  
14813-9506

**KEVIN D. MONROE**  
UNDERSHERIFF

Telephone.....585-268-9200  
Civil Office .....585-268-9202  
Administrative Fax.....585-268-9484  
Jail Division .....585-268-9208

To all Firearm Dealers and Pistol Permit holders,

In order to maintain healthy practices to protect staff and customers, new procedures have been created regarding amendments to pistol permits. We are no longer accepting transactions by email or fax. Permit holders will be responsible for mailing in the amendments, or placing them in our secure drop box located in the vestibule of the Public Safety Facility.

## **Instructions for Adding or Removing a Firearm on Your Pistol Permit by Mail/Dropbox**

Please mail the following items to our office:

- Original completed & signed amendment form
- A copy of the Bill of Sale from a Federal Firearms Licensed (FFL) Dealer
- A copy of your entire pistol permit (including firearm cards)
- Payment of \$3 - cash only

Mail to: Allegany County Sheriff's Office  
ATTN: Pistol Permits  
4884 State Route 19 S  
Belmont, New York 14813

OR: place it in the drop box located in the vestibule of the Public Safety Facility

Upon review and acceptance of these documents, a clerk will mail back an updated permit and a purchase coupon.

NOTE: Incomplete or unsigned forms will be returned to you, delaying the process.

**PLEASE ALLOW AT LEAST 14 DAYS FOR THIS PROCESS TO OCCUR.**

Do not contact us about the status until it has been at least 14 days as your call or email will not be returned.

**If you have a plastic permit, you are required to dispose of your old permit upon receipt of your new permit. This does not apply to paper permits; you must keep your old permit with your new permit.**

If you have any questions, please contact us @ 585-268-9204

STATE OF NEW YORK  
**PISTOL / REVOLVER LICENSE AMENDMENT**

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

Date: \_\_\_\_\_

Amendment form for (check one):

\_\_\_\_\_ County License      OR       New York State Police Pistol 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 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    Other \_\_\_\_\_

**AMEND LICENSE FOR THE FOLLOWING**

1. New Name \_\_\_\_\_
2. New Physical Address \_\_\_\_\_
3. New Mailing Address (If different) \_\_\_\_\_
4. Following Weapon(s) Acquired From: (Name, Address) \_\_\_\_\_

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

5. 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"/>		
			<input type="checkbox"/>		

6. 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"/>		
			<input type="checkbox"/>		
			<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



- An example has been included below for your reference.
- The areas with a green checkmark must be filled out.
  - Only fill out the disposal portion if needed.
- The amendment must also be signed by the permit holder.
- The NYSID # will be filled out by the Pistol Permit Clerk upon receipt of the form.
- If the amendment is incomplete in any way, or the \$3.00 fee is not included, it will be sent back to the permit holder for completion.

STATE OF NEW YORK  
PISTOL / REVOLVER LICENSE AMENDMENT

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

Date: 10/2/2020 ✓

Amendment form for (check one):

ALLEGANY County License OR  New York State Police Pistol License

Name JOHN J. DOE ✓	Date of Birth 1/2/1950 ✓	NY Driver's License No. (or NY Non-Driver ID No.) 123-456-789 ✓
Physical Address (street, city, state, zip) 123 MAIN STREET, YOURTOWN, NEW YORK 11111 ✓		
Mailing Address (if different) P.O. BOX 2, YOURTOWN, NEW YORK 11111 ✓		

Pistol License Number CW 1234 ✓  
 Duplicate License Number \_\_\_\_\_  
 Transfer License Number \_\_\_\_\_  
 Transferred From \_\_\_\_\_

Date Issued 1/7/1979 ✓  
 Date Issued \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Transferred To \_\_\_\_\_

**TRANSACTION TYPE(S)** (Check all that apply):

Acquired  Address Change  Deceased  Disposed  Duplicate  Lost / Stolen Firearm  Name Change  
 Revoked  Surrendered  Suspended  Transfer  Other \_\_\_\_\_

**AMEND LICENSE FOR THE FOLLOWING**

- New Name \_\_\_\_\_
- New Physical Address \_\_\_\_\_
- New Mailing Address (If different) \_\_\_\_\_
- Following Weapon(s) Acquired From: (Name, Address) THE GUN SHOP ✓

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
SMITH AND WESSON	PISTOL	SW 40 VE	<input type="checkbox"/>	.40 CAL	ABC1234
			<input type="checkbox"/>		
			<input type="checkbox"/>		

- Following Weapon(s) Disposed to: (Name, Address) THE GUN SHOP

Manufacturer	Pistol / Revolver / Single Shot	Model	Frame Only	Caliber(s)	Serial Number
TAURUS	REVOLVER	605	<input type="checkbox"/>	.357 MAGNUM	XYZ789
			<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"/>		
			<input type="checkbox"/>		
			<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 (Judge)

John Doe  
 Signature of Licensee

**SIGN HERE**