



**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