Instructions for Removal of Restrictions from your Pistol Permit by Mail

Please mail the following items to our office:

- Original filled out amendment form
- Original filled out application for removal of restrictions
- Copy of the certificate for proof of training
- A copy of your entire pistol permit (including firearm cards)
- Payment of $5 - cash or check made out to St. Lawrence County Clerk

Mailing Address:
48 Court Street
ATTN: Pistol Permit Unit
Canton, NY 13617

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

**A self-addressed postage paid envelope must be included for the return of the updated permit.

If you have a plastic permit you are required to dispose of your old permit upon receipt of your new permit.

If you have any questions, contact the St. Lawrence County Clerk’s Office at 315.379.2237.
Instructions on how to fill out an amendment form are on pages 2 and 3 of this packet.

Fill out the following fields:

1. NYSID number leave blank
2. Date you are filling the amendment out
3. Full name on Pistol Permit
4. Date of Birth
5. Driver’s License Number from your NYS Driver’s License or Non Driver ID
6. Address listed on your pistol permit
7. Mailing address if different then physical address, only fill this out if you have previously given us a different mailing address
8. Pistol Permit Number, written in the following format: C00000000
9. Date your permit was issued

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>1. NYSID number</td>
<td>Leave blank</td>
</tr>
<tr>
<td>2. Date you are filling the amendment out</td>
<td></td>
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<tr>
<td>3. Full name on Pistol Permit</td>
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<tr>
<td>4. Date of Birth</td>
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<tr>
<td>5. Driver’s License Number</td>
<td>From your NYS Driver’s License or Non Driver ID</td>
</tr>
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<td>6. Address listed on your pistol permit</td>
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<tr>
<td>7. Mailing address (different than physical address)</td>
<td>Only fill out if previously given a different mailing address</td>
</tr>
<tr>
<td>8. Pistol Permit Number</td>
<td>Written in the format C00000000</td>
</tr>
<tr>
<td>9. Date your permit was issued</td>
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**STATE OF NEW YORK**

**PISTOL / REVOLVER LICENSE AMENDMENT**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>NYSID #</td>
<td>1</td>
</tr>
<tr>
<td>Date:</td>
<td>2</td>
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</tbody>
</table>

Amendment form for (check one):

- [ ] St. Lawrence County
- [ ] County License
- [x] New York State Police Pistol License

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>NY Driver’s License No. (or NY Non-Driver ID No.)</th>
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<tbody>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

| Physical Address (Street, city, state, zip) | 6 |
| Mailing Address (if different) | 7 |

<table>
<thead>
<tr>
<th>Pistol License Number</th>
<th>Date Issued</th>
<th>Duplicate License Number</th>
<th>Date Issued</th>
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<tbody>
<tr>
<td>Transfer License Number</td>
<td>Date Issued</td>
<td>Transferred From</td>
<td>Transferred To</td>
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Page 2 of 6
You need to fill out the following fields to complete your amendment for an address change

1. Check the “Duplicate” box under “Transaction Type”
2. Fill in “Removal of Restrictions” after “Other”
3. Move to the bottom of the page and read the statement starting with “Have you been arrested…” check yes or no. If yes please give details on the back of the amendment form or on an attached sheet of paper.
4. Sign on the line that says “Signature of Licensee”
STATE OF NEW YORK
PISTOL / REVOLVER LICENSE AMENDMENT

NYSID # Not all permits will have this Date: REQUIRED
Amendment form for (check one):
X St. Lawrence County Oregon License OR New York State Police Pistol License

Name REQUIRED Date of Birth REQUIRED NY Driver's License No. (or NY Non-Driver ID No.) REQUIRED

Physical Address (street, city, state, zip) REQUIRED - this is the address currently listed on your permit, even if it is incorrect.

Mailing Address (if different) If your mailing address is different then your physical address, fill this line out.

Pistol License Number REQUIRED Date Issued REQUIRED 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 ☒ REMOVAL OF RESTRICTIONS

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)

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Pistol / Revolver / Single Shot</th>
<th>Model</th>
<th>Frame Only</th>
<th>Caliber(s)</th>
<th>Serial Number</th>
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5. Following Weapon(s) Disposed to: (Name, Address)

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<tr>
<th>Manufacturer</th>
<th>Pistol / Revolver / Single Shot</th>
<th>Model</th>
<th>Frame Only</th>
<th>Caliber(s)</th>
<th>Serial Number</th>
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6. Following Weapons(s) has been: ☐ Lost ☐ Stolen ☐ Destroyed

Law Enforcement Agency Reported To:

<table>
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<tr>
<th>Manufacturer</th>
<th>Pistol / Revolver / Single Shot</th>
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<th>Frame Only</th>
<th>Caliber(s)</th>
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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.

REQUIRED, SIGN HERE

Licensing Officer Signature of Licensee

Read statement, check yes or no. Sign name on “Signature of Licensee”
Memorandum (Amended as of 1/3/20)

To: Pistol Permit/Amendment Applicants  
From: Hon. Tatiana Coffinger, Pistol Licensing Officer  
Date: January 2, 2020  
Re: Qualifications for Pistol Permits/Amendments in St. Lawrence County

As the Pistol Licensing Officer appointed for the calendar year of 2020, and upon meeting with the stakeholders involved with pistol permit licensing and amendments in St. Lawrence County, the following policies will be instituted beginning on January 1, 2020 and continuing until December 31, 2020 or until otherwise modified.

New Permits  
Based upon Article 400 of the NYS Penal Law, any resident of St. Lawrence County who otherwise qualifies following a required background investigation and has completed a NRA approved Pistol Safety Course (or a Type 1 classroom safety course provided by a Sheriff’s Department) completed within five (5) years PRIOR to the application shall be entitled to a pistol permit without restrictions. *The St. Lawrence County Sheriff’s Department does not currently provide this course. Active duty or retired law enforcement or military personnel who have had firearms training are exempt from the course requirement with proper documentation. Applicants who fail to complete the NRA approved course within five years PRIOR to the application may still be entitled to a pistol permit with restrictions for hunting and target shooting only. All applicants are encouraged to take the NRA approved course before submitting the application for a new permit.

A “resident” is someone who lives full-time in a dwelling (with proof of utilities, rental agreement, insurance) or who owns real property and pays taxes thereon. Leaseholds and members of camps with leases are not residents.

An applicant must provide four (4) character references who reside within St. Lawrence County together with the application. Character references must not be relatives or family members.

Modification of Existing Permits  
Current St. Lawrence County pistol permit holders with restrictions may apply for the removal of the restrictions upon the following criteria:
- Must have had the current pistol permit with restrictions for a period of one (1) year or more;
- Must not have had any suspensions or revocations within the last ten (10) years;
- Must complete the NRA approved Pistol Safety Course (or a Type 1 classroom safety course provided by a Sheriff’s Department) within the previous five (5) years of this application for review;
- Must complete the application review form (see attached).

Amendments  
Co-registration of any and all pistols will only be allowed for new amendments as follows:
- Spouses residing in the same household, provided they both have current pistol permits
- An adult child residing in the same household as a parent
- No more than two (2) people can be co-registered to the same pistol and both must be residents of the same address.
Application to Remove Restrictions from Pistol Permit
St. Lawrence County

Permit Holder Name: ____________________________________________________________
Address: ____________________________________________________________________
City: _______________________________________________________________________
NY Zip: _____________________________________________________________________
Telephone number: ______________________________________________________________
Cell number: __________________________________________________________________

Permit Number: __________________________________________________________________
Issuing Date: __________________________________________________________________

If permit was issued prior to 2013, have you registered with the New York State Police? No___ Yes___
If permit was issued after 2013, have there been any changes to your address? No___ Yes___ 
If so, please indicate change: _______________________________________________________

Since your original permit was issued, please check if any of the following has occurred:

Conviction for a misdemeanor? No___ Yes___
If yes, what charge(s) and when: ______________________________________________________

Are you currently under the care of a medical or mental health professional for a mood disorder, schizophrenia, and/or depression? No___ Yes___

Are you currently or have you been the victim of domestic violence? No___ Yes___
Do you currently or have you been the protected party in an Order of Protection? No___ Yes___

Anything else that has occurred since your permit was originally issued that you want the Court to be aware of to support your application (you may attach additional sheets if necessary): ____________________________

IT IS A CRIME, AS DEFINED BY PENAL LAW §210.35, A CLASS A MISDEMEANOR UNDER THE LAWS OF THE STATE OF NEW YORK, FOR A PERSON IN AND BY WRITTEN STATEMENT, TO KNOWINGLY MAKE A FALSE STATEMENT, OR TO MAKE A STATEMENT WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE.

I swear or affirm that the foregoing application contains true and accurate statements. I understand that false statements made herein are punishable as a Class A Misdemeanor. I further understand that upon discover that I knowingly provided any false information, I may be subject to criminal penalties and that this request for a modification of my pistol permit to remove restrictions shall become null and void.

AFFIRMED UNDER PENALTY OF PERJURY
THIS _____ DAY OF ___________________, 2020  __________________________________________
Signature of Applicant