



PUTNAM COUNTY CLERK'S OFFICE  
County Office Building  
40 Gleneida Avenue  
Carmel, New York 10512  
Tel. (845) 808-1142  
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MICHAEL C. BARTOLOTTI  
*County Clerk*

JAMES J. McCONNELL  
*First Deputy County Clerk*

**PROCEDURE FOR CHANGE OF PISTOL LICENSE RESTRICTION**

**EFFECTIVE JULY 18, 2016**

**\*No change in restriction may be applied for unless Pistol License has been valid for at least six (6) months. \***

1. A completed Firearms License Amendment Form Transaction Type would be "other" and indicate "Change in Restriction" and the type of restriction requested in the space provided (restrictions are listed on the rear of this form).
2. In addition to the completed Firearms License Amendment Form, you must submit:
  - a. A written explanation detailing the circumstances that would necessitate the requested change in restriction (restrictions are listed on the rear of this form). The letter must be signed and dated and must include your address and phone number.
  - b. Copy of the front and back of your pistol permit.
3. Upon receipt of your request, the Licensing Officer may require additional information such as:
  - a. ***Proof of live fire instruction.*** The instruction must be completed within six months of your request. The certificate must indicate "live fire" and must have the date of instruction. **Please note; the Putnam County Sheriff's Department does not offer live fire instruction and does not make referrals.**
  - b. ***Proof of safe.*** The safe must be bolted to the floor or a wall and must have a combination lock or biometric scan (i.e. fingerprint) lock. Please include pictures of the "secured" safe with both the door opened and closed. You must also include a detailed description of the safe's location in the residence and how it is secured (i.e. "the safe is bolted to the floor of the closet in the master bedroom", or "the safe is bolted to the wall in my home office"). The safe may be subject to inspection by the Putnam County Sheriff's Department.
4. Submit the above to Putnam County Clerk's Office, 40 Gleneida Avenue, Room 102, Carmel, New York 10512 ATTN: Pistol Permits.
5. Requests that are complete will be forwarded to the Licensing Officer.
6. Any incomplete requests will be returned.

## PISTOL LICENSE RESTRICTIONS

1. **Hunting and Target-Firearm** may be carried at an authorized range or while actually hunting in a legal area in New York State or traveling thereto and therefrom. For hunting you must also possess a valid New York State hunting license.
2. **Sportsperson-Firearm** may be carried while actually engaged in the sport related activities of Target Shooting, Hunting, Hiking, Camping and Fishing, or traveling thereto and therefrom.
3. **Business Purposes-Firearm** may only be carried while actually engaged in conducting business for which the license was issued or traveling directly thereto or therefrom. Additional information for this restriction is as follows:
  - a. A letter on business stationery stating:
    - i. Name of the business
    - ii. Location of the business
    - iii. Type of business
    - iv. Number of years the business has been in existence
    - v. Specific reasons a business carry license is necessary
  - b. A letter from your employer stating your need to carry a weapon for business purposes (if necessary).
  - c. A copy of the business certificate (D/B/A), Certificate of Incorporation, or Certificate of Formation of LLC.
  - d. A Copy of bank statements for the most recent three months (if you make bank deposits for the business).
4. **Unrestricted Carry**-You must be a police officer or peace officer (active or retired) or you must show "**additional proper cause**" to qualify for this endorsement. "**Additional proper cause**" is determined by a review of all relevant information of your claimed need, and generally is established by demonstrating a need for self-protection distinguishable from that of the general community or other circumstances justifying the granting of an unrestricted license.

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 CHANGE IN RESTRICTION

**AMEND LICENSE FOR THE FOLLOWING** \*

- New Name \_\_\_\_\_
- New Physical Address \_\_\_\_\_
- New Mailing Address (if different) \_\_\_\_\_
- 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"/>		

- 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"/>		

- 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