

MICHAEL H. ZURLO  
SHERIFF

RICHARD L. CASTLE  
UNDERSHERIFF

***Office of the Sheriff***  
COUNTY OF SARATOGA  
6010 COUNTY FARM ROAD  
BALLSTON SPA, NEW YORK 12020

**AFFIDAVIT OF CO-OWNERSHIP OF WEAPONS**

**IMPORTANT NOTE:** THE ISSUING OFFICER ONLY PERMITS CO-OWNERSHIP  
BETWEEN SPOUSES WHO RESIDE AT THE SAME ADDRESS.

THIS IS TO CERTIFY THAT I, \_\_\_\_\_, RESIDING AT  
\_\_\_\_\_, HOLDER OF PISTOL PERMIT

LICENSE # \_\_\_\_\_ ISSUED ON \_\_\_\_\_, DO HEREBY

AUTHORIZE MY SPOUSE \_\_\_\_\_, RESIDING WITH

ME AT THE ABOVE ADDRESS, HOLDER OF PISTOL PERMIT LICENSE

# \_\_\_\_\_ ISSUED ON \_\_\_\_\_, TO CO-OWN THE BELOW

LISTED WEAPON(S):

<b><u>MAKE</u></b>	<b><u>MODEL</u></b>	<b><u>CALIBER</u></b>	<b><u>SERIAL #</u></b>	<b><u>AUTO/REV</u></b>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I FURTHER CERTIFY AND UNDERSTAND THAT:

- IF MY SPOUSE HAS HIS/HER PISTOL PERMIT SUSPENDED OR REVOKED, THEN ANY WEAPON(S) CO-OWNED ARE SUBJECT TO SEIZURE.
- IF MY SPOUSE AND I DIVORCE OR SEPARATE, THE SPOUSE WHO DOES NOT RETAIN POSSESSION OF ANY CO-OWNED WEAPON(S) WILL IMMEDIATELY AMEND HIS/HER PISTOL PERMIT TO REFLECT THE DISPOSAL OF SAID WEAPON(S) TO THE SPOUSE WHO DOES RETAIN SUCH POSSESSION.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**NOTARY** \_\_\_\_\_

# STATE OF NEW YORK FIREARMS LICENSE AMENDMENT

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

DATE \_\_\_\_\_

LICENSE TO AMEND (check one):
☐ \_\_\_\_\_ COUNTY LICENSE      OR      ☐ NEW YORK STATE POLICE PISTOL LICENSE

NAME	DOB	NY DRIVER'S LICENSE NO. (or NY NON-DRIVER ID NO.)	
STREET	CITY - TOWN - VILLAGE		COUNTY

PISTOL LICENSE NUMBER \_\_\_\_\_

DUPLICATE LICENSE NUMBER \_\_\_\_\_

TRANSFER LICENSE NUMBER \_\_\_\_\_

TRANSFERRED FROM \_\_\_\_\_

TRANSFERRED TO \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

TRANSACTION TYPE(S) (check all that apply):

☐ ACQUIRED    ☐ DISPOSED    ☐ MOVED    ☐ NAME CHANGE    ☐ TRANSFER    ☐ LOST/STOLEN FIREARM  
☐ DUPLICATE    ☐ SURRENDERED    ☐ REVOKED    ☐ DECEASED    ☐ OTHER \_\_\_\_\_

AMEND LICENSE FOR THE FOLLOWING

- NEW NAME \_\_\_\_\_
- NEW ADDRESS \_\_\_\_\_
- FOLLOWING WEAPON(S) ACQUIRED FROM: (NAME, ADDRESS) \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

- FOLLOWING WEAPON(S) DISPOSED TO: (NAME, ADDRESS) \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

- FOLLOWING WEAPON(S) HAS BEEN: ☐ LOST    ☐ STOLEN    ☐ DESTROYED

LAW ENFORCEMENT AGENCY REPORTED TO: \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL NUMBER

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? ☐ NO    ☐ YES  
IF YES, GIVE DETAILS ON REVERSE.

LICENSING OFFICER	SIGNATURE OF LICENSEE
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LICENSEE'S CURRENT TELEPHONE #: \_\_\_\_\_