



NEW YORK STATE POLICE
 Pistol Permit Bureau
 1220 Washington Avenue, Building 22
 Albany, New York 12226-2252

ASSAULT WEAPON REGISTRATION AMENDMENT

INSTRUCTIONS:

- Print or type in black ink only.
- Complete this form and mail to the address listed above.

OWNER'S INFORMATION: (Currently on file)

<i>Last Name</i>		<i>First Name</i>		<i>MI</i>
<i>Date of Birth (MM/DD/YYYY)</i>	<i>Social Security Number (Last 4 Digits)</i> XXX-XX-	<i>NY Driver's License (or NY Non-Driver ID) Number</i>	<i>Email Address</i>	
<i>Registration Number</i>		<i>Mailing Address</i>		

INFORMATION TO AMEND:

If you answer **YES** to any of the questions below, provide the changed information.

1. Did your name change? Yes No _____
(last name, first name, MI)
2. Did your mailing address change? Yes No _____
(number, street, apartment number (if applicable), city, state, zip code)
3. Did your physical address change? Yes No _____
(number, street, apartment number (if applicable), city, state, zip code)
4. Did your email address change? Yes No _____
5. Do you have any other reasons for amending? Yes No _____

False statements are punishable as a class A misdemeanor.

Date: _____

 (Owner's Signature)