

**CHANGE OF ADDRESS FORM  
GENESEE COUNTY**

**NOTE: PLEASE PRINT CLEARLY**

DATE: \_\_\_\_\_

SSN: \_\_\_\_\_

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

NAME: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATE CONTACT NUMBER: \_\_\_\_\_

CHANGE OF EMPLOYMENT?    Y / N

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

LICENSEE'S SIGNATURE: \_\_\_\_\_



**YOU MUST SUBMIT YOUR ORIGINAL FIREARMS LICENSE (WHETHER IT BE THE "PLASTIC" LICENSE OR "PAPER" LICENSE) AND INCLUDE A COPY OF YOUR DRIVER'S LICENSE ALONG WITH THIS COMPLETED ADDRESS CHANGE FORM. ONCE OUR OFFICE HAS PROCESSED THE ADDRESS CHANGE AMENDMENT FOR PROPER NOTIFICATION TO THE NYS PISTOL PERMIT BUREAU, WE WILL UPDATE YOUR FIREARMS LICENSE AND RETURN IT TO YOU.**

**REQUIRED FEE FOR ADDRESS CHANGE:            \$3.00\*\***

**\*\*NOTE:            THERE IS AN ADDITIONAL \$3.00 PROCESSING FEE FOR PLASTIC CARD LICENSE HOLDERS (total of \$6.00)  
CHECK OR MONEY ORDER MADE PAYABLE TO: GENESEE COUNTY CLERK**

**SUBMIT THIS FORM, ALONG WITH THE APPROPRIATE FEES TO:  
GENESEE COUNTY CLERK'S OFFICE, ATTN: FIREARMS LICENSE DEPT  
PO BOX 379, BATAVIA, NY 14021**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE AT (585)344-2550 X2264**