ADDRESS / EMPLOYMENT CHANGE REPORT
PD 635-022 (Rev. 10-06)

PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION

HANDGUN LICENSE APPLICATION AMENDMENT

LICENSE NUMBER(S) _____ TYPE OF LIC. _____ YR. EXPIRES _____

LAST NAME _____ FIRST _____ M.I. _____

CHANGE OF RESIDENCE INFORMATION FOR CARRY, SPECIAL CARRY/RETIRED MOS, PREMISE/RESIDENCE/ PREMISE/BUSINESS

OLD INFORMATION	NEW INFORMATION
HOME ADDRESS	HOME ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PRECINCT HOME PHONE NUMBER	PRECINCT HOME PHONE NUMBER

ALL ADDRESS CHANGES MUST BE ACCOMPANIED BY A RECENT UTILITY BILL SHOWING THE NAME AND NEW ADDRESS OF THE LICENSEE. If you do not have a utility bill in your name, you **must** provide us with a utility bill in the name of the person with whom you reside, and with a **letter from that person stating that you reside with him/her; THE LETTER MUST BE SIGNED AND NOTARIZED BY THE PERSON WITH WHOM YOU LIVE, AND WHOSE NAME APPEARS ON THE UTILITY BILL.**

IF YOU HAVE A "SPECIAL" LICENSE, YOU MUST HAVE YOUR COUNTY LICENSE AMENDED BEFORE YOU CAN AMEND YOUR N.Y.C. HANDGUN LICENSE. CONTACT (646) 610-5872 FOR INSTRUCTIONS.

CHANGE OF EMPLOYMENT AND/OR ADDRESS FOR CARRY, SPECIAL CARRY/BUSINESS AND PREMISE/BUSINESS LICENSEE'S ONLY

OLD INFORMATION	NEW INFORMATION
NAME OF COMPANY	NAME OF COMPANY
TYPE OF BUSINESS OCCUPATION	TYPE OF BUSINESS OCCUPATION
BUSINESS ADDRESS	BUSINESS ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PRECINCT COUNTY	PRECINCT COUNTY

CARRY AND PREMISE/BUSINESS LICENSEES MUST CONTACT THE RENEWAL UNIT FOR INSTRUCTIONS. CONTACT (646) 610-5872. ASK FOR THE RENEWAL UNIT SUPERVISOR.

INSTRUCTIONS

ALL LICENSES MUST BE AMENDED WITHIN TEN DAYS OF THE CHANGE. TO HAVE YOUR LICENSE AMENDED YOU MUST REPORT IN PERSON TO ROOM 152 - ONE POLICE PLAZA, N.Y.C., BETWEEN THE HOURS OF 9 AM AND 4 PM - MONDAY - FRIDAY. YOU MUST BRING YOUR LICENSE(S), THIS COMPLETED FORM, AND ALL OTHER REQUISITE DOCUMENTATION. NOTE: WE ARE CLOSED ON ALL LEGAL HOLIDAYS!

NOTE: FAILURE TO REPORT AN ADDRESS OR STATUS CHANGE WITHIN THE SPECIFIED TIME MAY RESULT IN THE SUSPENSION AND/OR REVOCATION OF YOUR LICENSE.

THIS FORM MUST BE NOTARIZED

_____
SIGNATURE OF LICENSEE

STATE OF NEW YORK
COUNTY OF _____ SS: _____

SWORN TO BEFORE ME (DATE) _____ NOTARY PUBLIC: _____

LICENSE DIVISION — RENEWAL UNIT ROOM 152
ONE POLICE PLAZA
NEW YORK, N.Y. 10038
PHONE: (646) 610-5872