NEW YORK STATE POLICE
Ammunition Unit
1220 Washington Avenue, Building 22
Albany, New York 12226-2252

KEEPER OF AMMUNITION REGISTRATION

INSTRUCTIONS:

- Type or print in ink.
- Use and attach additional Keeper of Ammunition Registration forms to enter additional applicants.
- This registration form must be accompanied by a current Keeper of Ammunition Sworn Statement (PPB-7B) form.
- Please mail your completed application to the address listed above.

APPLICANT'S INFORMATION:

Last Name		*First Name*		*MI*
Date of Birth (MM/DD/YYYY)	*Gender*	*Social Security Number (Last 4 Digits)* ***XXX-XX-***	*NY Driver's License (or NY Non Driver ID) Number*	
Mailing Address				
Business Phone Number	*Cell Phone Number*	*24 hour Emergency Number (If Different)*	*Other Number*	
E-mail Address		*Position / Title*		

ORGANIZATION INFORMATION:

Organization Name		
Physical Address (No P.O. Numbers)	*Mailing Address (If Different From Physical Address)*	
Organization Phone Number	*24 hour Emergency Number (If Different)*	** DOS ID Number:*

* The DOS ID Number is the number assigned to the organization by the New York State Department of State, Division of Corporations, State Records and Uniform Commercial Code.

Have you ever been convicted of a felony offense? **Yes** _____ **No** _____

If Yes, have you received a certificate of relief from civil disabilities regarding that felony conviction? **Yes** _____ **No** _____

Have you ever been involuntarily committed to a mental health institution or facility? **Yes** _____ **No** _____

Date: _____

_____
(Applicant Signature)