

	<h2 style="margin:0;">Purchase of a Self-Defense Spray Device Certification</h2>	
		Date:

Instructions:

- Pursuant to NYS Penal Law § 265.20(15).
- Acceptable legal identification must show the Purchaser's name, date of birth, and place of residence.
- Executed forms must be retained by the Seller and maintained on the premises of sale for a period of five years; then destroyed.

Purchaser Information

Name (Last, First, MI)	DOB (mm/dd/yyyy)	Height	Weight	Social Security #
				XXX-XX-
Street Address	City	State	Zip	County

Identification Type Presented:

Driver's License - ID # _____

State Identification - ID # _____

Passport - ID # _____

Other: _____

Self-Defense Spray Device

Container #	Brand	Container Net Weight	
1			
2			

Seller Information

Seller Type	Name	License #	
Firearms Dealer Pharmacist			
Street Address	City	State	Zip
Signature (If handwriting, print and sign your name.)			Date (mm/dd/yyyy)

Certification

* I do hereby verify that I am over 18 years of age, and I have not been convicted of a felony or any crime involving an assault in New York State or any other state. I understand that false statements made herein are punishable as a Class A Misdemeanor pursuant to NYS Penal Law § 210.45.

Purchaser Signature (If handwriting, print and sign your name.)	Date (mm/dd/yyyy)