



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

**SELLER OF AMMUNITION REGISTRATION**

**INSTRUCTIONS:**

- Type or print in ink.
- Use and attach additional Seller of Ammunition Registration forms to enter multiple owners, partners, or business locations.
- Please mail your completed application to the address listed above.

**APPLICANT'S INFORMATION:**

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

**ADDITIONAL OWNERS / PARTNERS INFORMATION:**

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

**BUSINESS INFORMATION:**

<i>Trade or Business Name</i>		<i>NY Sales Tax Identification Number</i>
<i>Physical Address (No P.O. Numbers)</i>		<i>Mailing Address (If Different From Physical Address)</i>
<i>Business Phone Number</i>	<i>24 hour Emergency Number (If Different)</i>	<i>Fax Number</i>

**BUSINESS IS** (Select One):  **INDIVIDUALLY OWNED**  **A PARTNERSHIP**  **A CORPORATION**  **OTHER** (Specify below)

\_\_\_\_\_

**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)