



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)