



**State
Police**

Organization Assault Weapon(s) Registration

INSTRUCTIONS:

When complete, select the "Submit" button, on the bottom right corner. Upon selecting "Submit", an email will open and attach your completed form to be submitted to the prefilled email address.

Registration is for: (Select one) Initial Registration Amendment to Current Registration Information

Responsible Party's Information

Last Name		First Name		MI	Date of Birth (mm/dd/yyyy)	Sex
Social Security # (Last 4 Digits)		NY Driver's License # (or NY Non-Driver's ID)				
XXX-XX-						
Street Name (physical address-if different)			City	State	Zip	
Mailing Address			City	State	Zip	
Email Address			Phone #	County of Residence		

Organization Information

Trade or Organization Name		Date Organization Was Created	Organization Phone #	24-hr Emergency # (if different)		
Mailing Address			City	State	Zip	
Street Name (physical address-if different)			City	State	Zip	

Organization is (Select one): Individually Owned a Partnership a Corporation Other Specify:

Assault Weapon Information

Weapon Type	Manufacturer	Model	Caliber	Serial Number	Antique
Rifle Shotgun Pistol					Yes No
Rifle Shotgun Pistol					Yes No
Rifle Shotgun Pistol					Yes No
Rifle Shotgun Pistol					Yes No

Antique High Capacity Magazine

Manufacturer of Associated Weapon	Model	Caliber	Capacity

Owner's Verification

I certify that the information provided on this form is correct. I also hereby affirm that, to the best of my knowledge, I am not prohibited from possessing firearms. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal penalties, my pistol / revolver license may be revoked, and any request for public records exemption shall become null and void.

Responsible Party's Signature:

Date: