


**State
Police**

Transfer, Disposal, or Loss of a Registered Assault Weapon

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.

Original Owner's Information

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

Dealer's Information

Company's Name		Company Representative's Name		Dealer's License Number	
Company's Address			City		State Zip

Other Party's Information

Name of party weapon was transferred to: (Last Name, First Name, MI. If transferred to law enforcement officer or agency enter agency and, if applicable, shield number of officer.

Date of Birth (mm/dd/yyyy)	Mailing Address	State of Residency

Assault Weapon Information

Manufacturer	Model	Caliber	Serial Number

Owner's Verification

I certify that the information provided on both sides of 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.

Applicant Signature:

Date: