



**State
Police**

Seller of Ammunition 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.

Applicant'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)	Position/Title		
XXX-XX-				
Mailing Address	City	State	Zip	
Email Address	Phone #	Business Phone #		

Additional Owners/Partners 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)	Position/Title		
XXX-XX-				
Mailing Address	City	State	Zip	
Email Address	Phone #	Business Phone #		

Business Information

Trade or Business Name	NY Sales Tax ID #	Business Phone #	24 Hour Emergency #
Physical Address	City	State	Zip

Business is (select one): Individually Owned a Partnership a Corporation Other

Have you ever been convicted of a felony offense? Yes No

If Yes, have you received a certificate of relief from disabilities regarding the felony conviction? Yes No

Have you ever been involuntarily committed to a mental health institution or facility? Yes No

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: _____