


**State  
Police**

## Keeper 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. **Fill out form completely.**

### **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 #		

### **Organization Information**

Organization Name	* DOS ID #	Organization Phone #	24 Hour Emergency #
Physical Address	City	State	Zip

\* 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 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:



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## Keeper Of Ammunition Sworn Statement

**INSTRUCTIONS:**

- This form should accompany any associated Keeper of Ammunition Registration (PPB-7A) forms.
- This form must be completed by the owner, president, general manager or chair of the board of directors of the business or organization requesting registration.
- Please reply in full to the following required information:

<b>Organization Name</b>	<b>Nature of Organization</b>		

<b>Organization Physical Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Reason Organization Distributes on Premises** (ie. organized hunting activities, shooting competition, shooting range, hunting club, hunter and firearms safety training, or youth sport shooting program)

**Explain How Ammunition is Safely Stored and Secured**

**Provide in Specific Terms How Inventory is Distributed**

*NOTE: Processing may involve an onsite inspection by New York State Police.*

**Document Completed By:**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Position With The Organization</b>

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_