


**State
Police**

Assault Weapon(s) Registration

INSTRUCTIONS:

For your convenience, this entire process, including review of your currently registered assault weapons, can be completed online at <https://troopers.ny.gov/Firearms/>. When completed, save the completed form and E-mail to pistolpt@troopers.ny.gov.

Applicants 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	

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 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: