


**State
Police**

Organization Assault Weapon(s) Registration

INSTRUCTIONS:

 When completed, save the completed form and E-mail to pistolpt@troopers.ny.gov.

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
Mailing Address		City		State
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
Street Name (physical address-if different)		City		State
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: