PPB-7 (06/24)

NEW YORK STATE | State Police

Seller of Ammunition Registration

INSTRUCTIONS:

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

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:**