

State
Police

Assault Weapon Registration Advisory

1. The weapon(s) in your possession meets the definition of "Assault Weapon" [NYS Penal Law § 265.00 22)] and must be registered with the New York State Police. You have 30 days from this notification to register your assault weapon(s) or you may surrender it to law enforcement

and/or
2. The antique high capacity magazine in your possession must be:
 - Permanently modified to hold a maximum of ten rounds, or
 - Registered with the New York State Police, or
 - Legally disposed of within 30 days from the date of this notification.

A record of this advisory including the date it was made will be kept and made available to law enforcement for future reference.

REGISTERING YOUR ASSAULT WEAPON AND/ OR ANTIQUE MAGAZINE

- You must have a NYS Driver's License or NYS Non-Driver ID.
- You may complete a paper Assault Weapon(s) Registration (PPB-11) form or register online.

Paper Registration Form

The paper Assault Weapon(s) Registration (PPB-11) form can be completed by you and either submitted directly to the Trooper who provided it to you or emailed by hitting the "Submit" button on the bottom right hand corner of the form.

When completing the form:

- All boxes for applicant's information are mandatory except the email address.
- Fill in the boxes for "Antique High Capacity Magazine," if applicable (magazines need to be over 50 years old).

Additional registration forms can be utilized from the New York State Police website at www.troopers.ny.gov by selecting Firearms.

Online Registration

Go to www.NYSAFEAct.com

Click on the box stating "Register your Assault Weapon Here! Quick, Simple & FREE!"

For more information, visit www.NYSAFEAct.com


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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/>. If you are unable to complete the online recertification please complete the form below. 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: