



**State  
Police**

## Assault Weapon Registration Amendment

### INSTRUCTIONS:

When completed, save the completed form and E-mail to [pistolpt@troopers.ny.gov](mailto:pistolpt@troopers.ny.gov).

### Applicants Information

Last Name		First Name		MI	Date of Birth (mm/dd/yyyy)		
Social Security # (Last 4 Digits)		NY Driver's License # (or NY Non-Driver's ID)		Registration #			
XXX-XX-							
Mailing Address			City		State	Zip	
Street Name (physical address-if different)			City		State	Zip	
Email Address			Phone #		County of Residence		

### Information to Amend

If you answer YES to any of the questions below, provide the changed information.

1. Did your name change?      Yes      No
2. Did your mailing address change?      Yes      No
3. Did your physical address change?      Yes      No
4. Did your email address change?      Yes      No
5. Do you have any other reasons for amending?      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: