



**State
Police**

Keeper 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 #		

Organization Information

Organization Name	* DOS ID #	Organization Phone #	24 Hour Emergency #
Physical Address	City	State	Zip

* The DOS ID Number is the number assigned to the organization by the New York State Department of State, Division of Corporations, State Records and uniform Commercial Code.

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: _____