

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) | Driver's License # (or Non-Driver's ID) | License State | 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) | Driver's License # (or Non-Driver's ID) | License State | 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: