


**State  
Police**

## Keeper Of Ammunition Sworn Statement

### INSTRUCTIONS:

- This form should accompany any associated Keeper of Ammunition Registration (PPB-7A) forms.
- This form must be completed by the owner, president, general manager or chair of the board of directors of the business or organization requesting registration.
- Please reply in full to the following required information:

Organization Name		Nature of Organization	
Organization Physical Address	City	State	Zip

**Reason Organization Distributes on Premises** (ie. organized hunting activities, shooting competition, shooting range, hunting club, hunter and firearms safety training, or youth sport shooting program)

**Explain How Ammunition is Safely Stored and Secured**

**Provide in Specific Terms How Inventory is Distributed**

*NOTE: Processing may involve an onsite inspection by New York State Police.*

### Document Completed By:

Last Name	First Name	MI	Position With The Organization

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.

Signature:

Date: