



NEW YORK STATE POLICE  
 Ammunition Unit  
 1220 Washington Avenue, Building 22  
 Albany, New York 12226-2252

**KEEPER OF AMMUNITION REGISTRATION**

**INSTRUCTIONS:**

- Type or print in ink.
- Use and attach additional Keeper of Ammunition Registration forms to enter additional applicants.
- This registration form must be accompanied by a current Keeper of Ammunition Sworn Statement (PPB-7B) form.
- Please mail your completed application to the address listed above.

**APPLICANT'S INFORMATION:**

Last Name		First Name		MI
Date of Birth (MM/DD/YYYY)	Gender	Social Security Number (Last 4 Digits) XXX-XX-	NY Driver's License (or NY Non Driver ID) Number	
Mailing Address				
Business Phone Number	Cell Phone Number	24 hour Emergency Number (If Different)	Other Number	
E-mail Address		Position / Title		

**ORGANIZATION INFORMATION:**

Organization Name		
Physical Address (No P.O. Numbers)		Mailing Address (If Different From Physical Address)
Organization Phone Number	24 hour Emergency Number (If Different)	* DOS ID Number:

\* 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 civil disabilities regarding that felony conviction? Yes  No

Have you ever been involuntarily committed to a mental health institution or facility? Yes  No

Date: \_\_\_\_\_

\_\_\_\_\_  
 (Applicant Signature)

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**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:

<b>ORGANIZATION NAME</b>	<b>ORGANIZATION PHYSICAL ADDRESS (No P.O. Numbers)</b>
<b>NATURE OF ORGANIZATION</b>	
<b>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)</b>	
<b>EXPLAIN HOW AMMUNITION IS SAFELY STORED AND SECURED</b>	
<b>PROVIDE IN SPECIFIC TERMS HOW INVENTORY IS DISTRIBUTED</b>	

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

Document completed by:

<b>NAME (Print)</b>
<b>POSITION WITH THE ORGANIZATION</b>

Date: \_\_\_\_\_

\_\_\_\_\_

(Signature)