



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

SELLER OF AMMUNITION REGISTRATION

INSTRUCTIONS:

- Type or print in ink.
- Use and attach additional Seller of Ammunition Registration forms to enter multiple owners, partners, or business locations.
- 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		

ADDITIONAL OWNERS / PARTNERS 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 Non Driver's ID) Number	
Mailing Address				
Business Phone Number	Cell Phone Number	24 hour Emergency Number (If Different)	Other Number	
E-mail Address		Position / Title		

BUSINESS INFORMATION:

Trade or Business Name		NY Sales Tax Identification Number
Physical Address (No P.O. Numbers)		Mailing Address (If Different From Physical Address)
Business Phone Number	24 hour Emergency Number (If Different)	Fax Number

BUSINESS IS (Select One): INDIVIDUALLY OWNED A PARTNERSHIP A CORPORATION OTHER (Specify below)

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)