



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:

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

ADDITIONAL OWNERS / PARTNERS INFORMATION:

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

BUSINESS INFORMATION:

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

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)