

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

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:

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

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

Document completed by:

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

Date: _____

(Signature)