



NEW YORK STATE POLICE
 Pistol Permit Bureau
 1220 Washington Avenue, Building 22
 Albany, New York 12226-2252

TRANSFER, DISPOSAL, or LOSS OF A REGISTERED ASSAULT WEAPON

INSTRUCTIONS:

- Print or type in black ink only.
- Complete this form and mail to the address listed above.
- Use one form for each individual weapon.

REASON FOR DISPOSAL REQUEST:

- Weapon was transferred to an authorized firearms dealer. (Please provide the dealer’s information in the “Dealer’s Information” section below.)
- Weapon was transferred to a private buyer in another state. (Please provide the buyer’s information in the “Other Party’s Information” section below.)
- Weapon has been stolen or lost. (Please attach copy of verification from law enforcement agency (if available) or provide name of law enforcement agency to which theft or loss was reported _____.)
- Weapon was destroyed. (Please attach written confirmation from gunsmith, firearms dealer, fire investigator or law enforcement agency.)
- Weapon was transferred to a law enforcement agency or officer. (Please attach written confirmation from law enforcement agency or officer.)

ORIGINAL OWNER’S INFORMATION:

| | | | | |
|-----------------------------------|--|---|----------------------|-----------|
| <i>Last Name</i> | | <i>First Name</i> | | <i>MI</i> |
| <i>Date of Birth (MM/DD/YYYY)</i> | <i>Social Security Number (Last 4 Digits)</i> XXX-XX- | <i>NY Driver’s License (or NY Non-Driver ID) Number</i> | <i>Email Address</i> | |
| <i>Registration Number</i> | <i>Mailing Address</i> | | | |

DEALER’S INFORMATION:

| | | |
|--------------------------------|--------------------------|--|
| <i>Company’s Name</i> | | <i>Company’s Representative’s Name</i> |
| <i>Dealer’s License Number</i> | <i>Company’s Address</i> | |

OTHER PARTY’S INFORMATION:

| | | |
|---|------------------------|---------------------------|
| <i>Name of party weapon was transferred to: (Last Name, First Name, MI. If transferred to law enforcement officer or agency enter agency and, if applicable, shield number of officer).</i> | | |
| <i>Date of Birth (MM/DD/YYYY)</i> | <i>Mailing Address</i> | <i>State of Residency</i> |

ASSAULT WEAPON INFORMATION:

| MANUFACTURER | MODEL | CALIBER | SERIAL NUMBER |
|--------------|-------|---------|---------------|
| | | | |

False statements are punishable as a class A misdemeanor.

Date: _____