



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

ORGANIZATION ASSAULT WEAPON(S) REGISTRATION

INSTRUCTIONS:

- Print or type in black ink only.
- Complete this form and mail to the address listed above.
- Use and attach additional "Organization Assault Weapon(s) Registration" forms to enter additional weapons.

REGISTRATION IS FOR: (select one)

Initial Registration Amendment To Current Registration Information

RESPONSIBLE PARTY'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		Email Address			
Physical Address (No P.O Numbers)			Mailing Address (If Different From Physical Address)			

ORGANIZATION INFORMATION:

Trade or Organization Name			
Physical Address (No P.O Numbers)		Mailing Address (If Different From Physical Address)	
Organization Phone Number	24 hour Emergency Number (If Different)	Fax Number	
Date Organization Was Created	Organization Is (Select One) <input type="checkbox"/> Individually Owned <input type="checkbox"/> a Partnership <input type="checkbox"/> a Corporation <input type="checkbox"/> Other (Specify below)		

ORGANIZATION ASSAULT WEAPON INFORMATION:

WEAPON TYPE	MANUFACTURER	MODEL	CALIBER	SERIAL NUMBER	ANTIQUE
<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol					<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol					<input type="checkbox"/> Yes <input type="checkbox"/> No

ANTIQUA HIGH CAPACITY MAGAZINE:

MANUFACTURER OF ASSOCIATED WEAPON	MODEL	CALIBER	CAPACITY

I hereby affirm the organization owned the above listed assault weapons on January 15, 2013. False statements made herein are punishable as a class A misdemeanor.

 (Responsible Party's Signature)

Date _____