

## **Assault Weapon(s) Registration**

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**Applicant Signature:** 

For your convenience, this entire process, including review of your currently registered assault weapons, can be completed

online at <a href="https://troopers.i">https://troopers.i</a> selecting "Submit", an em		•				•		pon		
selecting "Submit", an email will open and attach your completed form to be submitted to the prefilled email address.  Applicants Information										
Last Name			me		Date of Birth (mm/dd/yyyy)		Sex			
Social Security # (Last 4 Digits	ecurity # (Last 4 Digits) NY Driver's License # (or NY Non-Driver'									
xxx-xx-										
Street Name (physical address-if different)			City	·		State	Zip			
Mailing Address			City	City			Zip			
Email Address			Phone # Coun			County of Res	ty of Residence			
Assault Weapon Inf	ormation									
Weapon Type	Manufacturer	Model		Caliber	Serial Num	nber	Antique			
Rifle Shotgun Pistol							Yes	No		
Rifle Shotgun Pistol							Yes	No		
Rifle Shotgun Pistol							Yes	No		
Rifle Shotgun Pistol							Yes	No		
Antique High Capacity Magazine										
Manufacturer of Associated Weapon		Model		Caliber	Capacity					
Owner's Verification										
I certify that the information provided on both sides of this form is correct. I also hereby affirm that, to the best of my knowledge, I am not prohibited from possessing firearms. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal penalties, my pistol / revolver license										

Date: