



New York State 1033 Federal Excess Property Program
Division of Criminal Justice
Office of Public Safety
80 South Swan Street, Albany, New York 12210

WEAPONS VERIFICATION FORM

New York Law Enforcement Agency: _____ **Chief Executive Officer (CEO):** _____
Telephone # (work): _____ Telephone # (cell): _____ E-mail: _____
Property Accountability Officer (PAO): _____
Telephone # (work): _____ Telephone # (cell): _____ E-mail: _____
Weapons Point of Contact (WPOC): _____
Telephone # (work): _____ Telephone # (cell): _____ E-mail: _____
The _____ (Agency) received the following 1033 Program weapons on _____ (date).

	Weapon Type: Rifle, Pistol,Revolver,Shotgun	Model & Manufacturer	Caliber	Barrel Length	Receiver Serial Number	Weapons Storage	Automatic Weapon? YES/NO	Form 10 Submitted to BATFE for Automatic Weapons? YES/NO
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

CEO Signature

WPOC Signature

PAO Signature

Date

*Complete additional forms if needed.

*Mail , Fax or E-Mail (scanned copy) to the State Coordinator within 14 days of receipt of weapons.