



Proof of Engagement in an Eligible Profession for the Purchase of Body Armor
INDIVIDUAL purchase form

Purchaser Information

1. Purchaser Name

2. Purchaser Street Address

City

State

ZIP

3. Is Purchaser currently engaged in a profession eligible to purchase body armor? Yes No

4. Name of Eligible Profession (as appears on list published by the Department of State)

5. Purchaser is:

Self Employed; or

Employed by:

Name of Employer

Address of Employer

City

State

ZIP

Signature of Office, Director, or Other Person Authorized by Employer

Printed Name and Title of Signer

Purchaser Signature

By signing below, being duly sworn, the Purchaser hereby affirms that the information included on this form is accurate. False statements are punishable as a crime pursuant to the New York State Penal Law.

Signature of Purchaser

Printed Name of Purchaser

Date

Notary (combination affidavit and acknowledgment)

STATE OF \_\_\_\_\_ )
) s.s.:
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_ being duly sworn, personally know to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual executed the instrument.

Notary Public \_\_\_\_\_

Printed Name \_\_\_\_\_

My Commission Expires \_\_\_\_\_